ABSTRACT
OF A
Clinical Lecture
ON
A CASE OF SYPHILITIC DISEASE OF THE LIVER,
WITH PECULIAR PHYSICAL SIGNS IN THE ABDOMEN.

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THE following case, as it is recorded in my note-book, possesses features of multifarious interest; it is here immensely abridged, and only those points are enlarged upon which stand in immediate relation to the liver.

W. H——, aged forty, a hawker and a hard drinker, was admitted originally on the 17th February, 1874. He had always been a strong man, and for the most part able to do the work of a professional pedestrian—walking at the rate of six miles an hour for two hours together—until four years before the date of admission. He then suffered from pain in the left side of the abdomen, much increased by the ingestion of food. In the course of half a year he entered the Brompton Hospital, and remained under treatment there for nine months, with enlargement of the liver accompanied by severe pain. At the close of that period his liver, so he was told, had become smaller. He himself assigned six weeks as the duration of his present illness, and latterly, it is true, he had vomited from time to time; but his abdomen had always been large, and his pains had continued on and off in a slight degree without increasing severity at any time during the whole interval of three years and a half preceding admission. His disease, then, must have been of long standing, and his own reckoning must be set aside altogether.

On admission he presented the physical signs of ascites, along with a trace of jaundice in the complexion. Dulness over the liver region enormously extended in every direction, below over half the abdomen as far as the level of the umbilicus, and above as far as the second rib, but here the extension is obviously owing to an abundant effusion into the pleural cavity, occupying the lower two-thirds or four-fifths of the chest on the right side. The dulness, however, fails to represent the full measurement of the organ, whose inferior margin may be traced an inch further downwards by palpation than by percussion. Everywhere over the abdominal area of the liver-dulness a sense of displacement is experienced when the fingers are pressed sharply home on the subjacent mass, and everywhere the surface of the organ underneath appears to be broken into ridges and hollows. In the region of the spleen there is dulness reaching as far as the transverse umbilical line, and, on long inspiration, even below that level. The hand may be easily inserted into a narrow gap between the opposing margins of the liver and spleen. Heart's impulse undulating and widely diffused, yielding a very extensive thrill. First sound loud and clear, especially at the left apex, where it is slowly evolved, hesitates, and, as it were, bangs fire. Ordered a powder consisting of tartarated iron and cream of tartar every six hours, and a draught containing copaiva three times daily.

Feb. 19th.—Girth of abdomen rapidly diminishing; fluctuation subsiding; urine double the normal quantity.

24th.—Jaundice disappearing. Patient wandered slightly during the night, and in the morning vomited a porringerful of greyish-black muco-puriform matter.

28th.—To the left of the umbilicus there is a delicate purring sensation or fremitus plainly felt when the palm of the hand is laid lightly on the surface, but at once destroyed when the pressure is increased. At the same spot a humming sound may be heard on auscultation if the experiment be gently made, but the sound is at once abolished when the ear is applied firmly to the surface.

March 9th.—The fauces, and in particular the mucous membranes of the hard and soft palate, are intensely injected, and in many places pitted with hæmorrhagic erosions. Derived apparently from this source, large quantities of glairy-looking blood-stained sputa are expelled daily.

23rd.—The level of the percussion-dulness over the right back of the chest is now lower by three inches than on the date of admission, and all trace of fluid in the abdomen has disappeared. This day the patient received his discharge.

On the 18th of June, 1874, he was readmitted with signs of augmented effusion into the right pleural cavity. Thoracocentesis was proposed to him, but he resolutely refused to undergo the operation. He was again discharged on the 2nd of July.

On the 29th of December in the same year he was again readmitted in the following state:—There is dulness over the lower half of the chest on the right back, but free resonance from clavicle to nipple. No thrill can be felt at the heart's apex now, but the first sound is long, lagging, and briefly prefaced. The sputa continue to present the characters before described, and the membranes of the soft and hard palate are as vividly injected as ever. There are no physical signs of ascites. The left lower ribs beneath the mamma are much enlarged and rougher than natural, and in the same situation there is a prominent fluctuating mass, unaltered by position or pressure. The old purring and humming sensations may be elicited, as before, on the left of the umbilicus, but the seat of their production is no longer limited to that spot; they may be recognised just as clearly in the right hypochondrium under the same conditions.

On the 2nd of January, 1875, two ounces of laudable pus were withdrawn by aspiration from the abscess over the ribs. On the 26th occurred a sharp attack of fever, followed by commencing erysipelas on the face. At the same time a greyish-black, sloughing, superficial ulcer was seen to occupy a large portion of the velum and fauces. On the 31st hæmatemesis supervened on three several occasions, the blood lost amounting on the whole to about five or six pints. From this time forth to the close of life nothing of any moment ensued, with the exception of an attack of jaundice. The erysipelas, the hæmatemesis, and the ulceration of the fauces all disappeared entirely, and the man simply sank and died on the 15th of February.

Autopsy, condensed from Dr. COUPLAND'S *Report*.—Glands of groin enlarged; no scar on penis. Seated mainly beneath the periosteum of the tenth rib on the left side were the remains of an abscess occupying the two adjacent interspaces, and containing inspissated cheesy material, in which was found imbedded a fragment of the rib lying bare and detached from the rest of the bone. The left superficial epigastric vein was seen within the sheath of the rectus muscle to be greatly dilated; it was about the size of the little finger, and was traced towards the left and above the umbilicus, where it became very varicose; its further course was not followed, but a vein was observed on the ligamentum teres nearly the size of a crow-quill. The internal mammary veins were also enlarged and full of blood.—THORAX: On the right side the pleural sac was filled brimful with a clear dark-yellow fluid, showing a sediment of paler colour and creamy puriform appearance at the back near the spinal column. The lung, collapsed and carnified throughout, was dragged away from the spine by bands of adhesion attached to the extremities, but allowing the organ to hang free at the sides in the mid-cavity of the pleura. The left lung was unadherent, non-crepitant, intensely engorged, and dripping with blood. The inferior margin of the lower lobe was compressed by the adjoining spleen and collapsed in its whole extent. The mitral valve was competent to a stream of water projected through the aortic orifice, but the cusps and the chordæ tendineæ were greatly thickened.—ABDOMEN: The peritoneal cavity contained barely a pint of bile-stained fluid. The liver was displaced downwards; bands of adhesion passed from its surface to the parietal peritoneum; they were most plentifully supplied with bloodvessels, which were fully injected, and all running from the liver to the walls of the abdomen. The liver itself was strangely misshapen, its lobes being broken up by deep furrows into a multitude of irregular knobs, while the whole surface was more or less granular. The capsule presented numerous thickenings unevenly distri-

buted. There was also well-marked fibrous thickening at the bottom of the furrows and along the course of the larger portal canals, and here and there were seen small tracts of caseous character in the midst of the denser material. The liver substance was throughout permeated and toughened by this fibrous change, so that it was nearly impossible to distinguish any individual lobules, the general appearance being that of fine granules, of various sizes and shades of colour, interspersed with larger masses of a dark-green tint. The weight of the organ was 56½ oz. There was no dilatation of the interstitial bile-ducts; in fact, their presence could hardly be ascertained. The hepatic and common bile-ducts were also free. The spleen was immensely enlarged. It was adherent to the parietal peritoneum; the capsule was dense, opaque, and puckered; the parenchyma firm, fibrous, dark-red, and liver-like. The mesenteric veins were fully engorged. The stomach was the seat of partial hour-glass contraction. The lining membrane was thick and firm, and everywhere of a deep slate-black colour. In the region of the fundus were numerous punctiform erosions, all surrounded by a zone of pigmentation, and some of their number filled with a black-coloured plug of altered blood. The entire mucous membrane of the intestines was exceedingly vascular and thick, while in the ileum the patches of Peyer were brought plainly into view on the red ground by their uniform slaty discoloration. The kidneys were enlarged, congested, and indurated. The testes were nearly normal. None of the viscera showed any trace of lardaceous degeneration.—Head: There was a clot found in the longitudinal sinus, and the vessels of the pia mater were full of blood. The dura mater and the brain-substance were healthy.

On a review of the foregoing case, it is impossible not to recognise that the root of all the mischief lay in the inflammatory attack that occurred four years and a half ago. Inflammation, however, does not exclude syphilis; and, if we are to accept the pathology of the present day, to syphilis we must refer the strange disfigurement of the liver described in the notes, in spite of many and grave misgivings, on the score of the following antagonistic facts:—The man himself stoutly repudiated the charge of syphilis, although he freely confessed to gonorrhœa; there were no manifestations of the disease in question on the surface of the body; there were no unequivocal gum-like formations anywhere; above all there was no evidence of amyloid degeneration. On the other hand, the round-topped eminences, flanked on each side by a deep cleft, at the bottom of which runs a stream of fibrous tissue, for the most part along the channels of the larger portal passages,—these are the very features which are held to be pre-eminently distinctive of the syphilitic liver in its outward configuration. They are, indeed, rough representations on the massive scale of what appears in the finer form and in miniature when the liver is simply cirrhosed. Not that cirrhosis is incompatible with syphilis; far from it, they are often associated. In our own case there was cirrhosis characteristically displayed in its truest colours.

Again, the caries of the rib and the abscess developed originally between the bone and the periosteum strike the balance in favour of syphilis, and far outweigh all presumptions to the contrary on the ground of the absence of gum-like formations or amyloid change. After all, the former may have had a real existence within the fibrous septa, and then disappeared, the caseous material remaining as the débris of their disintegration. In reference to the latter, it is, indeed, passing strange that syphilis should fracture a rib, and, while leaving its mark so strongly impressed upon the liver, should yet leave no trace of amyloid degeneration anywhere.

Clinically regarded, the following are the prominent points in the history of the case. Under the influence of copaiva the ascites passed away, at least so far as to be no longer discoverable during life. Other remedies were administered at the same time, but to copaiva I am convinced must be awarded the priority of place in the accomplishment of the cure. I have met with more than one marvellous illustration of the power of this medicine in dispersing ascites and restoring life where death appeared to be staring the sufferer in the face. It is, indeed, inconceivable that copaiva can in any degree modify the primary condition of the ascites—the disease in the liver itself. It is only a diuretic, but in many cases it is one of the surest and steadiest of its class, free and uniform in operation, allowing fair play to the overtasked veins, and giving them full leisure to recover tone and power to bear the strain of the exaggerated blood-pressure. In this way, by a course of strong diuretics, aided in the first instance by paracentesis, by hydragogues, and vapour baths from time to time, and by tonics throughout, we may indulge the hope of achieving a speedy cure of ascites in a minority of cases. In the majority the great point is to sustain the strength; the method of evacuation, though still indispensable, is now of less moment, and in the main we trust to the great physician Time, who works in a wholly different way, by the construction of new vessels or by the expansion of anastomoses already in existence, thus establishing what is known as the collateral circulation. In this point of view our own case becomes intensely interesting. I am not here called upon to enumerate all the by-paths in the circulation that conduct the portal blood to the right side of the heart when it is denied a free passage by its own high road through the liver. These are all well given by Dr. Goodeve in the article on Cirrhosis in "Reynolds's System of Medicine," and they were all beautifully illustrated by the disclosures of the deadhouse above recorded. I would, however, lay particular stress on the series of new vessels that pervaded the false membrane, on the enlarged superficial epigastric vein within the sheath of the rectus muscle, and on the enlarged vein coursing along the ligamentum teres; whether with Rokitansky we look upon the last-named vessel as the unobliterated and engorged umbilical vein, or with Sappey we regard it as one of the accessory portal veins. Be that as it may, it is a matter of the deepest moment, in cases of cirrhosis, to ascertain, if possible, during life, whether the collateral circulation be fairly well established or not. What evidence, then, have we bearing on this point? Of course in a large proportion of cases we see the uppermost vessels conspicuously streaking the surface of the abdomen. Below the surface there runs an unseen auxiliary circulation, whether conveyed by channels nominally superficial or nominally deep-seated. Have we any evidence of this drainage that is going on underground and out of sight? With regard to the deeper strata of bloodvessels, I cannot say with absolute certainty that we have, but with reference to those which, though invisible, are yet immediately underneath the surface, our own case is conclusive as far as itself is concerned. We had the clearest evidence on this score in the purring sensation and in the humming sound perceived exactly over the spot corresponding to the enlarged superficial epigastric vein, and again towards the right hypochondrium over the seat of the vascular false membrane, and not far from the neighbourhood of the ligamentum teres. I dare not, however, presume to apportion precisely to the respective vessels their several shares in the production of the aforesaid phenomena, beyond simply saying that the superficial epigastric vein must have been one of the sources of origin, if not the exclusive one. Let that pass. The sign, if it can be verified by repetition hereafter, will possess some value with a view to forecasting the future of a case. I need not say that it will be a sign of good omen, for it signifies a free collateral circulation. This freedom of the circulation it will be our duty to develop and maintain—principally by tonics, in order to strengthen the reconstructive energies of the system; in a minor degree by the method of evacuation, in order to lessen the amount of fluid within the abdomen, and to relieve tension, which, over and above other evil agencies, would choke the bloodvessels and preclude their development. Well, we cured the ascites, and in all likelihood the collateral circulation prevented its recurrence in any degree appreciable during life. It did not, however, prevent the recurrence of that hæmorrhage into the stomach which was the main element in the multitude of causes that led to the man's death, and perhaps for this reason. In cirrhosis of the liver it is quite true that hæmorrhage into the alimentary canal is in great measure determined by mechanical congestion; but there are secondary processes at work. The blood or the bloodvessels, or both together, must have undergone degradation; for hæmorrhages occur in other regions far away from the portal system, not only in cirrhosis but in a variety of liver diseases. This point also has been well laid down by Dr. Goodeve, and it is amply illustrated in our case by the blood-stained sputa and the prolonged engorgement of the mucous membranes of the palate and fauces. In truth,

the hæmorrhagic erosions of those membranes so conspicuous during life were the very counterpart of the appearances revealed after death in the membrane of the stomach. We thus arrive at the melancholy truth that in removing ascites even for a permanency, we do not remove all the dangers of cirrhosis: the danger from hæmorrhage still remains.

I have not dwelt upon the use of iodide of potassium. Of course, in cases like the foregoing, it must be tried by way of a preventive measure in order to stop the ulterior progress of advancing syphilis. Beyond this it will be of no avail. When once the characteristic changes in the liver are well pronounced, when once ascites and hæmorrhage have supervened, iodide of potassium will no more undo the mischief that has been done already than it will abolish a cicatrix. I gave it a fair trial, and found it utterly useless.

RELIGIOUS INSANITY AND RELIGIOUS REVIVALS.

EFFECTS OF THE "MOODY AND SANKEY SERVICES."

BY GEORGE H. SAVAGE, M.D.,
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WE see the periodical return of mercantile and political storms, and likewise we see the religious atmosphere agitated if not cleared by recurring revivals. These agitations are of interest to all, but especially to the student of insanity; for in them we have a widespread cause acting on a large number of persons of different temperaments. It behoves us to see how far the recent religious revivals have caused or precipitated insanity. In the following remarks I must be understood merely to contribute my limited experience in the hope that others will add other facts that may enable us to weigh the effects of the disturbance. I purpose examining the cases of insanity associated with religious delusions as symptoms, and those distinctly associated by a history of attendance on the services as a cause. Probably in many cases religious excitement, if it produce insanity, produces it of a type that may be considered religious; but though a general truth, this is not a necessary one. We shall examine the cases that have been admitted into Bethlem Hospital during the past four months—from April to August,—and compare these with the admissions during the same months in 1874 and 1873. We shall more particularly compare the cases that may be called those of religious insanity.

I do not look upon religious insanity as a special well-defined class. It seems to me to be almost an accident of education, temperament, or sex, whether certain subjective feelings develop themselves into a morbid religious idea, or one of some form of persecution or annoyance by others. It is false sometimes to attribute an outburst of insanity to attendance on some exciting kind of religious service. Many persons verging on insanity—in fact, in the melancholy stage of the disease—seek religious consolation, and notwithstanding this go mad; they would probably have gone mad in any case, and the most that can be said against the service is that it precipitated the attack.

In confirmation of my statement that there is no such disease as religious insanity apart and separate, I may say that among our cases we have some of general paralysis with religious delusions. One patient, who sank rapidly, was a Wesleyan, who was going to reform the world and build churches and chapels and save all sinners; another general paralytic had his ideas for ever running on the fate of Sodom and Gomorrah. On the other hand, we had cases of the most acute mania, in which religious delusions were the chief ones. Thus, one man, aged fifty-one, who had had previous attacks, was admitted in a state of great excitement. He came, he said, as "God the Father," for he found that though he had come to earth as "God the Son," that was of no good; man sinned as much as ever; so now he had come to empty hospitals and asylums in his real character.

Melancholia in some form or other was, however, the more common condition of our patients labouring under religious delusions. Some fancied they were possessed by the Devil, others that they had lost their souls or had committed the unpardonable sin.

We were quite unable to find any cause that was common. In some cases age seemed the predisposing cause, and in others exhaustion, that form of exhaustion due to masturbation being rather common in both sexes.

I have taken as cases of religious insanity those whose delusions or hallucinations referred to subjects which are considered as questions of religion. Thus a woman who considered herself the Bride of Christ would fall into the same class as the woman who thought herself the "Red Whore of Babylon."

Most of the cases of religious insanity were of slow growth; some associated with gradual physical enfeeblement; and there were odd associations in the symptoms, one person not only believing that he had lost his soul, but also the passage through his bowels. I cannot say that I see grounds for supposing many cases were rendered insane by the recent revivals. Many persons were no doubt upset for a few hours, rendered very wretched, and for a time determined to lead a different life. The good done is not for me to discuss; it may have been small or great, temporary or permanent; in the majority of cases the storm was of short duration and did little harm. No doubt we shall have objectors. Some will say the time has not yet come to weigh the effects of the revival; yet I would reply that this may be true, but let us be ready to collect and observe from the first. Again, a general cause may result in an increase of all sorts of insanity, and therefore one would be judging more safely by taking all cases of mental disturbance into consideration. I have tried to do this as well as I could.

We now proceed to examine the lists of cases admitted during the four months named of 1875, '74, '73. We take 1875 first as the year we are most interested in.

In 1875, from April till August, 42 male patients were admitted; of these 9 suffered from religious insanity. During the same time 55 women were admitted, and of these 8 had religious delusions. That was 21·4 per cent. of the men, and 14·5 per cent. of the women.

During 1874, in the same period, 30 male admissions gave 6 religious cases, and 47 female cases gave 16 religious; that was 16·6 and 34 per cent. respectively.

In 1873, 28 male admissions gave 4 religious cases, or 14·2 per cent.; and 28 female admissions gave 8 religious, or 28·4 per cent.

The only striking thing in these numbers is the increased number of admissions during 1875, and this is only in part brought out, for on the female side we became completely full, so that many were refused. On the male side we have had more admissions than for very many years.

Religious revivals, as I said just now, do not always, after unhinging the mind, leave a religious débris. A strong feeling may stop or interfere with sleep, so that the person dreams in his disturbed sleep, and yet the perturbing idea is often absent from the dream.

I can find nothing noteworthy either in the ages or social conditions of the patients admitted; the ages were the same in general in 1875 as in the other years.

Cases are more common in my experience in young middle-age than earlier. Cases are seen under twenty, but usually the shock is slight, and passes more rapidly than after thirty-five. Singleness, both in men and women, predisposes to religious insanity; no doubt masturbation is one of the causes of trouble, the intense feeling of degradation, associated with physical exhaustion, causing the patients to think they are utterly undone. I believe most of the patients who think they have sinned against the Holy Ghost have sinned in this way.

During 1875 we had more admissions from among members of the Church of England than from Dissenters; this was true of both the male and female admissions. Generally, in cases with marked religious delusions, we found among the women an excess of Dissenters. A woman's religion, especially if a Dissenter, is a very great power. Among the men the majority have been born Churchmen, and remain such, though rather indifferent.

During the three years the religious persuasion of the patients under consideration was as follows. Among the

men, there were 9 members of the Church of England, 3 Dissenters, 1 Roman Catholic, 4 vaguely Protestants, and 2 unknown. Among the women, 14 were of the Church of England, 11 Dissenters, 6 Protestants, 1 unknown.

The hereditary predisposition was rather well marked in our cases during 1875, but in the other years we had only the ordinary percentage of hereditary taint.

And now, to particularise, we have several cases in which the "Moody and Sankey services" were given as the one cause of the insanity.

CASE 1.—H. W——, a male, single, a clerk, aged twenty, Congregationalist; no hereditary taint. He heard several of the revival services. No marked change at the time, but he began to be moody and desponding, and to be careless in his dress and inaccurate in his work. The earliest symptoms were about May 1st. On admission he was pale and anæmic, suspicious, and melancholy. He has made but slight progress, and still keeps to himself. Requires feeding and dressing. He is said to have been a masturbator.

CASE 2.—Thomas K——, single, aged twenty-seven, a draper's assistant. There is a history of insanity on the maternal side, but this is distant. He belongs to the Church of England. His earliest symptoms followed hearing Moody and Sankey early in May. He had hallucinations of hearing, and was easily induced to believe anything that was said; thus he acquiesced in being Christ. He said the Devil prompted him to do evil; that he fought the Devil and kicked him three inches. He, too, hears God's voice, which tells him to abstain from food. He has remained in much the same state, and has to be fed forcibly twice daily.

Refusal to take food is a common symptom with these patients, and we have had examples of the many delusions that may each induce the refusal to take food: one because God claims the patient as his Son, and tells him not to eat in an asylum; another because of the text about not "living on bread alone"; others because they are either too wicked to live or have compacted with God or the Devil never to eat again.

CASE 3 was that of a woman, Mary A. H——, single, aged thirty-five, a dressmaker, Congregationalist, admitted in April. She had had a disappointment in love. She had heard Moody and Sankey, but did not seem to have been affected much. She gradually developed various delusions. Said she had lived in America. She also considered herself an evangelist, and called herself "Moody and Sankey." She would sing or preach on request, though her voice was unmusical and her oratory nonsense. She was noisy, boisterous, and untidy. A few days' residence in Bethlem produced a great change, and she rapidly got well, and was discharged three months after her admission.

These are the only cases that are distinctly traced to this revival among our patients. We have to admit a serious increase during the past four months of general cases, and these may represent in some part the results of the moral commotion.

A person of weak mind may change his creed, and finally become a religious lunatic. We have at present two cases of men who have changed from Protestantism to Roman Catholicism just on the eve of an outbreak of insanity. The history of one is interesting, as it is that of many similar cases. A. T——, the son of a Church of England clergyman, single, aged twenty-five, whose mother is insane. He was precocious, and had the vices of a man before he was seventeen. He wasted his own money and that of his friends, and was a "black sheep." He becomes contrite, or I would say melancholy, becomes a Romanist, and wants to be a priest. He is emaciated with fasting and self-abuse, and restless, constantly repeating some such word as "immaculate." He may be considered in an ecstasy by some. We look on him as an acute maniac.

So, in conclusion, I would say that my experience is that religious revivals do but small harm to the able-minded, but to those who are weak there is danger. But there will always be sufficient sources of religious excitement without revivals to provide a flame for the fluttering moth.

Bethlem Hospital.

PATENT MEDICINE.—In the year ending the 31st of March last the stamp duty on patent medicines, as appears from a Parliamentary document just issued, amounted to £114,322 15s. 7½d.

CASE OF

PERINEAL SECTION, FOLLOWED BY THE OPERATION OF DR. OTIS, FOR THE CURE OF FISTULA IN THE PERINEUM.

BY WALTER COULSON, F.R.C.S.,
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THE following case, considerably abridged, may serve as an introduction to some remarks on perineal fistula, and on the operation for stricture proposed by Dr. Otis of New York, and recently performed in this country.

The case is that of Robert D——, aged forty-four, seaman. About five years previous to his admission for the second time into hospital he had been treated for stricture, as an in-patient, by dilatation, at Guy's Hospital.

Two years ago (1873) he was admitted with extravasation of urine following retention. This condition was relieved by free incision of the perineum. The patient made a good recovery, but a perineal fistula remained, which it was hoped might be closed by continuing dilatation of the stricture. At the time of his leaving the hospital a No. 5 silver catheter (English scale) could be passed into the bladder; but the man neglected to attend as an out-patient, and when readmitted, in May, 1875, he was unable to pass any urine naturally, the whole of it escaping in a small stream through the perineal fistula. The passage of the urine now causes great pain and scalding, which continue for some time after micturition; he suffers from a constant desire to micturate, the urethra is excessively sensitive, the urine loaded with mucus and pus, and no instrument can be passed into the bladder. Up to the 17th of May several attempts had been made to pass elastic instruments into the bladder by the penis and through the perineal opening, but they failed. He has been taking fifteen minims of sandalwood oil three times daily, which has materially diminished the muco-purulent deposit in the urine, but has had no effect in diminishing the scalding. On two occasions he had retention of urine, which was relieved, after some difficulty, by insinuating a small elastic instrument through the fistulous opening into the bladder, but all attempts to pass an instrument along the penis from the meatus were unavailing. However, an extremely fine elastic bougie could be passed along the penis and out at the perineal opening.

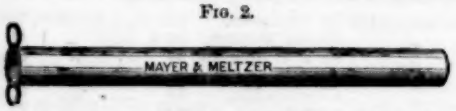
On May 17th I performed the following operation:—A No. 8 steel bougie was passed down along the urethra, as near to the fistula as the thickened structures surrounding it would permit. A free incision was then made through the fistulous opening, and the adjacent strictured portion of the urethra was freely divided. A straight-grooved director was then passed through the wound into the bladder, the edges of the fistula were pared, and a No. 16 French elastic catheter was introduced into the bladder, the straight director acting as a guide. The catheter was tied into the bladder, and there retained until the following evening. No bad symptoms followed the operation, and the temperature of the patient remained unchanged. From this date until July 19th, both continuous and occasional dilatation was employed, and the edges of the wound were from time to time touched with caustic. The perineal wound became merely a fissured opening, but still it would not quite heal, and on every occasion that the patient passed water, some portion of the urine escaped through the fistula. The question then presented itself whether the fistula might not possibly be kept patent by some constriction in the penile portion of the urethra. With the assistance of Dr. Otis an examination was made with the urethrometer, and the existence of three distinct points of constriction was demonstrated. It was therefore resolved that resort should be had to his operation. The patient was placed under the influence of ether administered by Mr. Knott, and the urethrotome of Dr. Otis was passed down as far as the fistula. The instrument was then made to indicate a dilatation corresponding to 32, French scale, and the three points of contraction were freely

divided. The last-mentioned result was verified by the introduction of the bulbous sound (Fig. 1), which was passed

FIG. 1.

down as far as the fistulous opening, and withdrawn without a catch. A cylinder (Fig. 2), open at both ends, and about five inches long, was tied into the urethra after the

FIG. 2.



operation, and was allowed to remain in for six hours. This was done at the suggestion of Dr. Otis, but the cylinder was removed at the patient's request, as there was no sign of bleeding; the loss of blood after the operation was also slight. From the date of the operation, July 19th, to the 24th, no unfavourable symptom manifested itself. A No. 32 bougie was daily passed along the urethra to prevent adhesion, and the patient left the hospital cured. When he reported himself to me, Aug. 16th, the fistula was completely healed.

Before making any observations on this case, it may be well to notice the principal features of Dr. Otis's new operation.

The method of Dr. Otis is based on the simple proposition "that in all contractions of the urethra the contractile points must be reduced to the normal calibre of the urethra in its healthy state." This applies to all deviations, and, in Dr. Otis's view, especially to "comparatively slight contractions," which are not usually considered as requiring operative treatment. The term "slight contractions" refers to strictures which only admit 8 or 9 of the English scale. Dr. Otis maintains, as I have said, that any deviation from the normal standard, however slight, should become the subject of operative interference. The urethra must be brought back to its "normal calibre." But what is this normal calibre? According to Dr. Otis, "the capacity of the urethra always bears a constant relation to the size of the individual penis, which latter varies greatly in different individuals."*

Thus, in the past year alone, Dr. Otis examined more than one hundred urethræ carefully. His conclusions are that the flaccid penis varies from three to four and a half inches in circumference, according to the individual, and that the circumference (or capacity) of the urethral canal varies from 30 to 40 of the French scale. Also, if we reduce the tables, every increase of one quarter of an inch in the circumference of the flaccid penis implies two degrees increase (as French scale) for the capacity of its urethral canal. Besides this, the urethrometer devised by Dr. Otis (Fig. 3) furnishes, according to him, in all cases, the exact normal calibre of the urethra; and to this calibre the diseased urethra must be brought in order to ensure a cure.

From what precedes, it follows that the surgeon must begin by ascertaining the normal calibre of the individual urethra. This ascertained, we have various methods of "sundering" the stricture at some point. The selection must rest on the judgment of the operator; but whatever method may be selected—whether rupture, dilatation, or division—*every* fibre of the constricting tissue must be completely severed, or subsequent recontraction is certain.

To ensure the attainment of these objects, Dr. Otis has

FIG. 3.

FIG. 4.

devised a new form of urethrotome, which combines dilatation with division, though the object of dilatation is chiefly to enable us to apply the edge of the blade more surely to the structures which we intend to divide, and thus to protect, or nearly so, the healthy portions of the canal (Fig. 4). All the bands which obstruct the canal must be divided one after another, if not detected at first. Dr. Otis never practises dilatation after the healing of the wound made during the operation. The incision, it may be observed, is along the superior wall of the canal, against which the dilating portion of the instrument forcibly presses the blade. The use of the sound after the operation is simply to separate the divided surfaces, not to dilate. The after-treatment consists merely in separating the wound throughout its extent by the easy passage of a full-sized steel sound daily, or every other day, until healing is complete. Finally, as recontraction of stricture after operation is simply due to incomplete division, and as the latter, as a rule, will be detected within one or two weeks, the cure may be considered complete after the expiration of that time if no change of calibre be detected. For a second operation, however, Dr. Otis frequently employs one of his earlier urethrotomes, which cut only at a single predetermined point, and the blades of which are not protected by a guard. He also maintains that in all long-standing cases of gleet contraction exists in some point of the urethral canal, and that such cases are cured by his operation. I am collecting twelve such cases myself, of not less than two years' duration, in which the operation has been performed. The results of these I hope to make known at some future time. Meanwhile a few observations may not be out of place here.

The operation just described, and the instruments employed, seem to present advantages over any other operative methods with which I am acquainted for the internal division of strictures in the penile portion of the urethra, and, so far as the mere division of the strictured part is concerned, it fairly fulfils all which the author claims for it. Another advantage which Dr. Otis attributes to his method of operating is that recontraction does not take place after cicatrisation of the divided tissues. If this be fully confirmed by subsequent experience, we must admit that the new operation effects what no other operative proceeding has effected—viz., a radical cure of stricture; that is to say, a condition of the urethra which shall require no future introduction of instruments.

Amongst the complications arising from stricture, extravasation of urine, and injury to the urethra, there are few which occasion more inconvenience to the patient and trouble to the surgeon than perineal fistula. In D——'s case the complication resulted from an operation performed for the relief of extravasation, and, dilatation having been tried and failing to close the fistula, perineal section was for a second time resorted to; but, in spite of this operation and subsequent dilatation, the fistula remained open.

The result of Dr. Otis's operation certainly proved that slight contractions which are not usually recognised as strictures may offer obstruction to the passage of the urine sufficient to prevent a urinary fistula from healing. The result of the internal division of the strictures and the

* It appears to me that this proposition involves the assumption that, in the healthy state, the calibres of the penis and of the urethra remain respectively unvaried from the meatus to the prostate.

daily introduction of full-sized instruments left the mucous wall of the canal, after complete cicatrisation had taken place, as supple and non-resisting to the passage of the full-sized sound as a perfectly healthy urethra. Dr. Otis finds that this condition has continued for three years after the operation, and believes this result to be due—(1st) to complete division of every fibre of the stricture, and (2nd) to the prevention of contraction of the internal wound during the process of cicatrisation.

The ultimate success of the operation must depend on the permanency of this result, and at present it is impossible to express any positive opinion on this point until we have ascertained by pathological investigation what the precise nature of the cicatricial connective tissue may be. Up to the present time I have performed this operation for stricture in the penile portion only. But change of position may require a change of practice. In the sub-pubic portion of the urethra we often meet with old strictures which are dense in structure and resist dilatation. Forcible dilatation and incision employed in such cases might readily give rise to local or general accidents of a very severe nature; and hence subcutaneous division of the contracted tissues should probably be preferred as less liable to be followed by the evil consequences just mentioned.

St. James's-place, S.W.

BRAINS AND INTELLECT.

BY ROBERT LAWSON, M.B.,
PATHOLOGIST TO THE WEST RIDING LUNATIC ASYLUM.

IT is surprising, after the amount of labour that has been spent upon the subject, how little definite information has been acquired about the relation between weight of brain and extent of intellectual capacity. It is true that Cuvier, Abercrombie, Dupuytren, Goodsir, Simpson, and others whose brain-weights were accurately ascertained, were found to have cerebral centres of considerably more than the average weight; but even these did not attain to the known maximum. The 64 oz. brain of Cuvier is in some respects balanced by the 65 oz. brain observed by Tiedemann and the 61 to 62·75 oz. brains commented on by Dr. Peacock, the living representatives of which seem to have possessed no corresponding superiority over their smaller-brained contemporaries. Perhaps, indeed, if all the elements of the case were to be considered, the heaviest adult brain on record might be found to be that of a senile dement who died in the West Riding Asylum at the age of seventy. His brain was found to weigh 61 oz. Following the generally accepted principle that the brain loses weight to the extent of an ounce in each decennial period, this man's brain, after allowance has been made for physiological diminution, may be presumed to have weighed, when he was at the age of forty, no less than 64 oz. But in his case pathological supplemented physiological changes, and the more rapid atrophy which accompanies senile dementia justifies the conclusion that at the time of his maturity this man's brain may have outweighed that of the great Cuvier.

Investigations prosecuted at the West Riding Asylum by Mr. W. C. S. Clapham, and commented upon by Professor Turner,* show how fallacious any general principle would be which tended to establish a direct and exclusive relation between mere weight of brain on the one hand and capacity of intellect on the other. By a compilation of the brain-weights of 705 patients who died in this asylum, Mr. Clapham showed that the average weight of brains in the insane was little if anything below the commonly accepted average of 49 oz. in sane males and 44 oz. in adult females. And if the average brain of the resident lunatic and the obscure dispensary and hospital patient can reach a satisfactory average weight, the heavy brains of the same classes of the community also contrast well with the brains of sages and the members of sane society of the general type. There is the 61 oz. brain of the aged dement who died in this asylum; the 60 oz. brain of a boy of fifteen, as cited by Professor Turner; the brains referred to by Dr. Peacock and mentioned above, ranging in weight from 61 to 62·75 oz.; and the numerous instances in the records of the West Riding and other lunatic asylums in which male brains are noted as weighing from 58 to 61 oz., and female brains from 50 to 56 oz. When the brain-weights of men who have earned fame in science, philosophy, or politics are directly compared or contrasted with those of men whose lives have been mute and inglorious, and even despicable, they are by no means so striking as when quoted by themselves. Thus—

Brain-weight of	Dr. Chalmers,	53 oz. ...	Lunatic, 58 oz.
„	Daniel Webster,	53·5 ...	„ 58
„	Sir J. Y. Simpson,	54 ...	„ 58·5
„	Goodsir,	57·5 ...	„ 59·5
„	Abercrombie,	63 ...	„ 60·5
„	Cuvier,	64 ...	„ 61

The weights of brain in Abercrombie and Cuvier cannot be directly balanced by any West Riding Asylum brains, but could be fairly contrasted with the 63 and 65 oz. brains observed respectively by Reid and Tiedemann. The brains also of female lunatic patients, when placed in the balance, are not necessarily found wanting. Mr. Clapham's figures show that amongst rather more than 300 insane women, brains were found weighing from 50 to 56 oz., and which, in acknowledged proportion, were equal to male brains of 55, 58, 60, and 61 oz. Relatively speaking, these insane women had more brains than Chalmers, Webster, Simpson, Goodsir, Lord Campbell, and many others adduced as illustrations of the statement that great size of brain usually accompanies great intellectual capacity. Similarly with regard to criminal lunatics: though the average weight of brain amongst a single dozen of these, examined by Dr. Orange of Broadmoor,* is an ounce and a half under the general male average, there are in that limited number two brains which exceed that of Chalmers in weight, and one which outweighs those of Chalmers, Daniel Webster, and Simpson, and is within half an ounce of being equal to that of John Goodsir.

But if the occasional occurrence of very heavy brains amongst men of great ability is no proof of the general proposition that all men of great intellectual capacity have heavy brains, neither is the fact that very heavy brains are found amongst lunatics proof that large brains are not, *cæteris paribus*, characteristic of the capability or existence of great mental power. The occurrence amongst men of great ability, or even genius, of instances in which lunacy may be regarded as having tinged the products of their minds, and in some instances impregnated their works with the impassioned fervour which alone ennobles them, shows that such an assumption would be altogether gratuitous. Such men, for instance, as Byron, Shelley, Poe, Lamb, Cowper, and, in some degree, Dean Swift, have given evidence in their writings and their lives of such a taint. From the time of St. Paul the fervid apostle, Lucretius the philosophic and Dante the melancholic poet, down to that of Dr. Johnson, the apostle of common sense, the men are numerous who have had ascribed to them the combination of much learning and more or less madness; and even in more recent times a veil lies over the lives of many of our great men and great women, which, if it were to be removed, would show that some of those who have charmed us with their brilliancy and helped to mould us by their power have not been exempt from the occasional or constant workings of the genius of insanity. Every day the observation of the poet that great wit is nearly allied to madness gains a wider and more practical acceptance. So much is this the case that Dr. Wilks, in a very thoughtful and suggestive paper in a recent number of the *Journal of Mental Science*, ventures to make the statement that probably "it is the insane element which imparts what we call genius to the human race, the true celestial fire; and thus it is that the madman has been called inspired and thought to have in him a touch of the divinity."† Though it is fearful to think of the propagation of a race tainted with insanity, yet, says Dr. Wilks, "it does not follow that an infusion of the insane blood may not be desirable. I think it might easily be shown that such infusion has given genius to a whole family; it has

* West Riding Asylum Medical Reports, vol. iii., 1873.

* Annual Report, Broadmoor Criminal Lunatic Asylum, 1873, p. 57.

† The Study of the Human Mind. By Samuel Wilks, M.D. (Journal of Mental Science, Jan. 1875.)

leavened the whole mass." Dr. Maudsley holds the same opinion; and, however painful the observation may be, there can be little doubt that it is marvellously true.

A pauper lunatic asylum is a very unfavourable field for judging of the relation between brain-weight and intellectual capacity. Imperfections of education in the patients with which one has to deal prevent the manifestation of intellectual capacity. The commonplace and the potentially superior mind meet on the common standpoint of mediocrity. The reiteration of uneventful and almost stereotyped histories frustrates the scientific observer in his endeavour to detect in the recorded lives of large-brained pauper lunatics any prior evidences of superior power in developing or utilising the circumstances of a healthy social existence. Still, it sometimes does happen that one can determine, by an inquiry into the history of the insane, that men with unusually large brain-weights were during the sane period of their existence characterised by greater mental vigour and higher intellectual capacity than their station in life would have led one to expect. Such a case occurred in this asylum shortly after the compilation of the statistics of Mr. Clapham and the observations of Professor Turner.

A. B——, a weaver aged forty-five, was admitted last year on account of a first attack of mania. In the form of admission it was stated that the patient had been talking incoherently upon religious subjects and the making of wills; that he was restless, and, when restrained, violent; and that he was indecent in his acts. He was not epileptic.

About six weeks before admission the patient became depressed. This depression lasted for about a month, and was succeeded by excitement. He became incoherent and at times obscene in his conversation, and violent to those about him. He attempted to bite those who were guarding him, and during the night left his bed and caused annoyance to his neighbours. Having become quite unmanageable, he was certified for removal.

Two cousins had been insane, and one of them had been treated in an asylum. It was satisfactorily determined that the patient had been an unusually sober and steady man, even though his symptoms on admission resembled in some particulars those characteristic of the prostration following upon excessive drinking.

A searching examination into his history led to the determination that he had been regarded by his fellow-townsmen as a very intelligent man. He was very fond of reading, and devoted special attention to the study of religious subjects. He had written a good deal, mainly on religious topics; and showed a remarkable memory, which was chiefly manifested by the repetition of large portions of any sermon which he had heard. He had an ambition to qualify himself as a preacher and engage in missionary work. He was also a recognised leader in politics, was regarded as the leading man in the agitation relating to the establishment of the School Board in the town where he resided, and during all political contests was relied upon as an influential agitator in the Liberal interest. He appears to have been much addicted to controversy, and the excitement of argument is said to have induced frequently a violent pain on the top of the head, which compelled him to abandon for a few minutes his share in the discussion. For eight or nine years he had suffered from headaches, which were much intensified by reading.

On admission he was very restless and excited. He talked incoherently, and was very anxious to make a long statement about some conveyance of property, payment of succession duty, and indemnification for losses. He refused food, and at night lost sleep under the influence of delusions; he also had hallucinations of smell, delusions of a prurient nature, and a further delusion that his head or body had been changed during the progress of some surgical operation which he had undergone. His tongue and all his muscular movements were tremulous. With the exception of incontinence of urine and disorder of the alimentary system, he had no bodily ailment. His temperament was sanguineous. When admitted, his weight was 168 lb., and his height 5 ft. 9 in. A fortnight afterwards he showed signs of inflammatory action affecting the right side of the chest, and in another week succumbed to an attack of double pleurisy with effusion.

On post-mortem examination, it was found that the body was well nourished, but the limbs were somewhat œdematous. The skull-cap was capacious, but normal in thickness and density, and symmetrical. During the removal of the brain little or no fluid escaped. Beyond the existence of a limited amount of subarachnoid extravasation of blood into the sulci, the brain appeared to present nothing abnormal; at the same time the sulci were narrow. The pia mater was thin, and on that account stripped with difficulty; but there were no adhesions. *The weight of the whole brain was* 61 oz. The convolutions were plump and well differentiated, especially in the second frontal tier, and showed no sign of having been compressed. The measurements of the head were: from root of nose to occipital protuberance, 15 in.; from meatus auditorius, left to right, 15½ in.; circumference round middle of forehead and over occipital protuberance, 23¼ in.; diameter of cranial *cavity* from before backwards, 6¼ in.; ditto across, 5¼ in. A large quantity of serous fluid was found in each pleural cavity, and a patch of grey hepatisation occupied part of the lower lobe of the right lung posteriorly.

Observations.—The patient in this case was known by his associates to have been a man of superior intellect. His brain-weight after death proved to be greater than the external measurements of the head might have led one to anticipate. Amidst the evidences of more than ordinary mental capacity, he occasionally showed signs of the existence of some unhealthy intra-cranial condition. Occupations involving a congestive state of the cerebrum induced violent coronal pain, which was alleviated only by his desisting from the study or the discussion which had induced it. Ultimately he fell into a short depressed condition, which was followed by an attack of acute mania and the development of fatal physical lesions. On post-mortem examination his brain was found to be 12 oz. more than the average weight in adult males. That the large size of the brain was not due to effusion into the ventricles was shown by the very limited quantity of fluid which escaped on removal and section. That it was not due to any recent condition of hypertrophy was evident by the plump appearance of the convolutions and the absence of all signs of compression. On the other hand, the plumpness and the complexity of the gyri, and the previous definite history of the patient's proclivities and accomplishments, go to show that he had normally a heavy brain, which, in his limited sphere, he exercised in such a manner as to secure a character for intellectual superiority.

Similar cases are of not infrequent occurrence.

M. W——, aged thirty-six, was admitted into the Durham County Asylum* in July, 1873. His mind had been deranged for about four years previous to that date. On admission he was epileptic. He was incoherent in his talk, showed great loss of memory, and was very inconsistent in his statements, affirming that he had children of the age of thirty-five, though he himself was only thirty-six years old. He was restless at night, left his bed, roamed about the house, and was unable to return to where he started from. He had attacks of excitement. During his residence his condition was that of dementia. He had occasional epileptic fits and several attacks of syncope. Before and after the fits he was very stupid. On admission his physical condition was fairly good. He died in June, 1874, and the cause of death was fatty degeneration of the heart and bronchitis. *The weight of his brain was* 60 oz.

This patient had had little early training, and in his youth was a steady, hard worker, who devoted his leisure hours to the acquirement of elementary education. He was born in the very lowest ranks of society, and by perseverance and industry advanced himself to a condition of comfort. He commenced life as a labourer, but soon raised himself to the position of a rag and bone merchant, with a horse and cart of his own; and finally, by industry, economy, and ability, was able to start in business as a marine store dealer. He saved £600, and brought up his family comfortably. It appears that he retained his mental acuteness till he discovered almost simultaneously that his wife had become a drunkard and squandered all his hard-earned savings, and that his daughter had abandoned herself to public prostitution. These discoveries threw him into a state of excitement, and at that time he had his first epileptic fit. The fits recurred at rare intervals, and were isolated. They were preceded by stupor and giddiness.

* For the particulars of this and the following case I am indebted to the kindness of Dr. Smith, medical superintendent, and Dr. Wallis, late assistant medical officer, Durham County Asylum.

While at the Durham Asylum he was quiet and demented. He died after a few days' illness.

J. H—— was for the second time admitted into Durham County Asylum in July, 1862. He was suffering from recurrent mania. The patient was a member of a family characterised by good physical and mental development. He gradually sank into a condition of consecutive dementia, but continued to manifest considerable ability, especially in making calculations. He wrought out complex arithmetical problems mentally, and with great readiness and correctness. In early life he was an agricultural labourer, and pushed his way on so steadily and showed such special capabilities for the work that he secured the appointment of road surveyor of a district. He was regarded by all who knew him as a man of great original ability. He never reached any great amount of dementia, and within three months of his death gave clear evidence regarding an assault of which he had been a witness. He died on the 25th of June, 1870. *His brain weighed between* 60 *and* 61 *oz.* The condition was one of atrophy, associated with atheroma of the cerebral arteries.

It is worthy of renewed notice that, in the brain referred to in the first case recorded in this paper, the complexity of the convolutions is quite as characteristic as the unusual weight. As I have not seen the brains referred to in the last two instances, I am unable to say what was the extent of the differentiation of their gyri; but the general principle that multiplicity of gyri is more characteristic than large size as a gauge of intellectual capacity may readily be accepted as a safe one.

West-Riding Lunatic Asylum, Wakefield.

DEATH FROM THORACIC ANEURISM.

REPORTED BY

SURGEON HENRY C. WOODS, M.D., R.N.

(*Communicated by the* DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

THE previous history of this most instructive case has been already fully reported, and further published in THE LANCET of July 5th, 1873; a brief *résumé* is, therefore, only given.

J. F——, aged thirty-five, a private in the Royal Marine Light Infantry, with now fourteen years' service, was admitted on the 3rd of June, 1872, with a small left femoral aneurism immediately below Poupart's ligament. He was a spare, rather aged-looking man, with dark hair, sallow complexion, and slight arcus senilis. He had on the 20th of May first noticed pulsation in the groin, no cause being traceable. Intermitting digital pressure, and subsequently persistent for forty-eight hours, and acute flexion, failed to procure consolidation. On the 20th of August the anterior iliac was secured by Fleet-Surgeon John Elliott, R.N. (then in charge of the hospital), a carbolic-gut ligature being used, and the ends cut short off. The wound was dressed with carbolic solutions, &c. On the 23rd, a slight erysipelatous blush appearing, the dressings were removed. The wound appeared to be healing by the first intention. Free suppuration was, however, afterwards set up. On the 25th a faint pulsation was detected, and soon became confirmed; the sac then steadily and slowly enlarging. The gut had evidently absorbed and permitted the circulation to be re-established. Pressure with a Carte's tourniquet (which proved successful in a similar case at the same time under treatment), flexion, and distal pressure were again tried, and failed. On the 26th of November the artery was a second time secured by Fleet-Surgeon Elliott, who this time made use of a double well-carbolised hempen ligature, leaving one end hanging out of the wound. The operation was tedious, the tissues being firmly matted together. The peritoneum was with difficulty detached, and twice unavoidably opened into; vomiting occurring, with escape of small intestine and omentum. The ligature did not separate until the 4th of January, and the wound then closed. For a few days from the 19th of December there were grave typhoid symptoms, with local erysipelatous action. The pulsation ceased from the date of operation, and the sac became consolidated, being firm and of the size of a walnut when discharged to light duty on the 2nd of April. There was, however, great weakness and bulging of the abdominal wall over the site of the cicatrices.

He was employed as a cook in the provost cells, and remained at duty until the 11th March of this year, when he was admitted, and remained under treatment until the 27th March, for bronchitis; no further symptoms being noted by Staff-Surgeon Fisher, R.N., under whose care he more particularly was.

On the 23rd June he again applied for relief, having, as it has been subsequently ascertained, suffered from pain in the left shoulder and arm, with gradually increasing dyspnœa. On admission, this was urgent; the respiration loudly crepitant, with sonorous rhonchus over the whole chest, particularly over the upper portions; the heart-sounds were scarcely audible, and there was loud churning over the upper portion of the sternum; the pulse was excessively feeble and frequent; the face livid, with coldness of the extremities. No pulsation was visible over the sternum or the neck; the venous system was, however, engorged. Decubitus was found to be most comfortable on the side in a semi-recumbent position. Beef-tea, port wine, brandy, mixtures of ammonia (carbonate and chloride), squill, ether, ipecacuanha, &c., were given to arrest expectoration; the sputa being viscid frothy mucus, and latterly slightly purulent. Locally, turpentine and simple fomentations, poultices, and a blister to the left side. The radials were synchronous. On the 24th a gritty pericardiac friction was detected over the heart's apex. The dyspnœa became increasingly urgent until death, on the 29th June, at 1.50 A.M. Pain was never complained of, but to another patient he said that "he could almost reach something in his throat with his finger which seemed to prevent his breathing." There was never any dysphagia.

Post-mortem examination, June 30th, 11 A.M.—Body attenuated; rigor mortis present. On removing the sternum a large aneurism of the ascending aorta was disclosed, the anterior wall being closely adherent to, and in part formed by, the sternum, from a point level with the lower border of the first to midway between the third and fourth cartilages, the bone being in part eroded. The aneurism was 4½ in. + 4 in. in diameter, extending to and involving ¾ in. of the innominate artery anteriorly, and inferiorly overlapping the base of the heart. On opening it up, a large yellow fibrinous clot was found nearly filling it, and lying in black coagula, which further extended through a small valve-like rupture at the left base of ½ in. into the pericardium, the heart being also encased in it. On the right side the sac was found to be thickened to ½ in. by layers of fibrin, but on the left was thin; at the back of the aneurism, and apparently almost lying in it, from the walls overlapping on either side, was the aorta, with an oval opening of 1¼ in. in length by ¾ in. transverse diameter, the edges rounded and indurated, giving almost the idea of the upper open end of the larynx. The heart was contracted and healthy, with a thin covering of fat, and the valves normal; about 4 oz. of sanious serum escaped from the pericardium on opening it up, and the clot there weighed 8 oz. The lungs were congested, but healthy in structure, abundant sanious frothy mucus welling out on section. The left division of the trachea appeared rather small. The aorta from the heart to the cœliac axis was unduly dilated, particularly at the latter point; and, on section, patches of atheromatous change were found, but no ossific deposit.—Abdomen: Viscera healthy; the liver slightly nutmeg in character, weighing 3 lb. 10 oz. A portion of the small intestine and two loops of omentum were found firmly adherent to the abdominal wall at the seat of operation. The left internal iliac was considerably smaller than the right, and obliterated about 2 in. from Poupart's ligament. The internal iliac correspondingly increased in size, the collateral circulation being carried on by it. From the point of ligature the artery could be traced as a cord to the aneurismal sac in the groin, which was firm, of the size of a small walnut, and filled by a firm, dark, fibrinous clot, which was readily enucleated, the artery becoming pervious almost immediately below. The aneurism involved and occluded the "profunda" at its origin; the circumflex was enlarged, and carried on the circulation with it.

Walmer.

OXALURIA.

BY JAMES REOCH, M.A., M.B.

ONE of the most important questions connected with oxaluria is whether oxalate of lime may originate in the urine some time after emission, by decomposition of one of the urinary constituents. The importance of this view is evident, for if oxalates can form *de novo* in the urine itself, it will be difficult to regard them as of any pathological significance. In some preliminary experiments on this subject, some urines were kept for three or four days before filtration, and then allowed to stand for a few days longer. In many of these cases beautiful envelope-shaped crystals were seen, which, from their size, could not possibly have passed through the filter; but oxalates were not always present—indeed in not more than half the cases; while the urine invariably decomposes, and always contains uric acid and mucus. This difficulty appearing to form an insuperable objection to the decomposition theory, it was only left to suppose that oxalates were present in some of these urines, but were very slowly deposited, while in others they were absent; and this seemed the more probable, because in some of these cases the oxalates were accompanied with uric acid, which no one supposes to be formed in the urine itself, and which must therefore have been formed by slow deposition. To test directly between the slow deposition and decomposition theories of the formation of oxalates, it seemed probable that if a series of urines were kept for some time without filtration, oxalates might be found in a certain proportion of cases which may be called the normal proportion; but if the urines were kept for one, two, or more days before filtration, and then allowed to stand for the same period as before, oxalates would be found in a less proportion of cases if they were originally present but only slowly deposited, while they would be found in a larger proportion if due to decomposition, partly because they were kept much longer, and partly because the decomposition of urine is much more rapid during the second week than during the first. Accordingly, 48 specimens of "urina sanguinis," approximately consecutive from the same individual, were divided into eight series of six each. The first series was allowed to stand for seven days without filtration; the remaining seven series were filtered at periods varying from one day to seven after emission, but all were allowed to stand for seven days after filtration like the first series. Each urine was then examined microscopically; nine or ten preparations were made of the scum at the top, three of the body of the urine itself, and twenty to forty of the precipitate at the bottom; where oxalates were not readily found the examination was much more prolonged. The results are expressed in the following table:—

No. of urines.	No. of days kept before filtration.	No. of days kept after filtration.	No. of times oxalates were found.
6	0	7	6
6	1	7	5
6	2	7	5
6	3	7	4
6	4	7	3
6	5	7	2
6	6	7	2
6	7	7	2

It appears, then, that with increasing the time that a urine is kept before filtration, the probability of finding oxalates afterwards is much diminished, and not only so, but the number of crystals found is also much diminished, for while in every specimen of the first series hundreds of crystals were found, in the last series only two gave oxalates, one giving three crystals in about fifty-five preparations, and in the other eight crystals were the outcome of seventy-one examinations. The same thing holds good, as a general rule, of the other series; so that it may be laid down as a law that while oxalates may appear in urine as long as a week after emission, yet in their formation they follow the course of slow deposition, and not that of decomposition. Moreover, in none of the above cases was there noticed under the microscope any association between the oxalates and epithelial cells or mucus-corpuscles, the two most constant constituents of mucus; scores of oxalates might be seen in the field at once, but never any imbedded in an epithelial cell or mucus-corpuscle; nor was there any relation between the oxalates and uric acid observed, for while often present together, as often one only was to be found.

Again, some urines were examined which had been kept for a long time; they had been filtered on the day of emission, and then allowed to stand, three of them for two years, and four of them for nine months. Nine or more examinations of the precipitate from each of these were made, and yet no trace of oxalates was found in any. In some further experiments where oxalates were produced in large quantity by adding some oxalic acid to urine, many crystals were noticed at first, but after six weeks they appeared to be much fewer in number, at least in some of the specimens. It appears probable, therefore, that oxalate of lime, so far from being a product of decomposition in the urine, is itself decomposed.

It is often urged in favour of the view that oxalate of lime must arise by decomposition, that it is a salt which is insoluble in water and in urine. More exact experiments, however, show that this is not the case. Storer, in his "Dictionary of Chemical Solubilities," gives its solubility in water as $\frac{1}{10000}$. No doubt this appears small, but oxalates are never recognisable without the microscope, and seldom appear much larger than a blood-corpuscle. Supposing, therefore, that the specific gravity of an average crystal is equal to that of a cube of water $\frac{1}{2000}$ of an inch in the side, then, since cubes are to one another as the cubes of their sides, it follows that a cubic inch of water would be equal to 27,000,000,000 of these crystals, and would therefore, according to Storer, dissolve 54,000 crystals; 10 oz. of water would therefore dissolve 1,000,000 of these crystals; while we do not often find in urine a much larger proportion than this. And further, some direct experiments show that urine can dissolve a certain quantity of oxalate of lime, for some urine being put into a series of test-tubes, a small quantity of oxalic acid was added to all but one. After three days they were filtered through a double filter, and allowed to stand for seven days longer. Large and well-shaped crystals were noticed in nine out of eleven of these cases, while none were observed in the original urine. Again, where some urines had stood over oxalic acid for a week, and were then filtered through a double filter, after another week no oxalates were found in the original urine, but were found in four out of the lower six of the oxalic series, though not at all in four to which a large excess of oxalic acid had been added. From these experiments it appears that the urine had dissolved some of the oxalate of lime, which it had been compelled afterwards to deposit, most probably from the advancing alkalinity. In discussing the solubility of oxalate of lime, however, the greatest attention must be given to alcohol, which is by far the most important substance in this connexion. Alcohol and water differ very widely in their mutual relations to bodies dissolved by either; thus, while both alcohol and water readily dissolve the salts of the alkalies, water dissolves the salts of the alkaline earths in less proportion, but alcohol scarcely at all. This is readily shown by rubbing up some phosphate of lime in a mortar with some water and a few drops of H Cl. On filtering, there results a clear solution of the acid phosphate of lime, but on adding alcohol or rectified spirit to this there is an immediate precipitate. Now, if oxalic acid or oxalate of ammonia is added to chloride of calcium, we have in either case an immediate precipitate of oxalate of lime, because oxalic acid has a greater affinity for lime than hydrochloric acid, and the resulting salt is very little soluble in water; but if either of the reagents be gradually diluted, we arrive at a point when the precipitate does not appear at once, but takes some minutes to form, and is only faint at the best; and if just at this point we step in with alcohol we shall find the precipitate much more quickly formed. The most striking way of proving this is to add one or more drops of a 1 per cent. solution of oxalic acid to a test-tube containing ordinary drinking-water; this generally contains enough of lime salts to give a faint precipitate with oxalic acid after some time, but on adding a drachm of rectified spirit the precipitate appears at once. Again, if these various oxalate of lime precipitates be examined microscopically, it will be

found that where the solutions are concentrated the precipitate is finely molecular, but with greater dilution it is granular, and with still greater its various forms may be ranged under the envelope shape; the latter is therefore the result of greater dilution, and consequently takes more time to be arranged in a crystalline form. Therefore, when $CaCl_2$ is added to a watery solution of oxalic acid, you pass quickly by dilution from the molecular to the crystalline condition; but if spirit has been added, the precipitate is much more commonly molecular because much quicker in appearing. Applying these facts to the urine, let a little rectified spirit be added to some urine in a test-tube, and an immediate white precipitate appears at the place where the two liquids meet. According to the views above enunciated, this precipitate consists mainly of earthy salts soluble in the urine, but much less soluble in alcohol; and, if the test-tube be well shaken, a permanent turbidity results.

(To be concluded.)

CASE OF

POISONING BY LIQ. STRYCHNIÆ (P.B.); RECOVERY.

BY J. BROWN SIM, M.B., L.R.C.S. EDIN.

ABOUT 10.30 on the night of the 1st of March I was summoned by Dr. Huthwaite's assistant to see a nursemaid in their service, who had been seized with symptoms of poisoning by strychnia. He informed me that she had shortly before come into the surgery and complained to him of feeling ill, and asking to be made sick. Knowing she was hysterical, and supposing this to be an attack coming on, he administered a dose of ipecacuanha wine. He then noticed her jaws becoming fixed, suspected the cause, and at once sought for help. Hastily calling in a woman to be with her, he then found her on the floor, with the body arched (opisthotonos).

On arriving, I found the whole body rigid, the jaws firmly fixed, the head jerked backwards, the face of a dark-purple hue, and the pupils dilated. I at once proceeded to use the stomach-pump, but found it impossible to pass the tube through the teeth, which no amount of force could separate. She was then rapidly put under the influence of chloroform, which exerted so beneficial an action upon the spasms that we were very soon able to pass the tube into the stomach. This organ was then thoroughly washed out several times with tepid water, and brandy and strong coffee injected. As symptoms of depression frequently showed themselves, the pulse was closely watched, and whenever depression appeared brandy was freely given through the stomach-pump. The temperature in the axilla was 95·2°. The spasms came on at intervals varying from two to five minutes, but always ceased on the administration of a little more chloroform. We were joined in the course of the night by Dr. Huthwaite; and, as he agreed with the treatment adopted, it was continued. The spasms were confined, after the administration of the chloroform, to the face, trunk of the body, and the upper extremities; only once did the lower limbs show any sign of spasm. They became gradually milder in intensity until about 4 A.M., when we ceased the administration of the chloroform.

On recovering consciousness she was at once questioned as to what she had taken, when she replied "strychnia." On being asked where she had got it, she said "from the surgery"; and she knew it was strychnia because there was "liq. strych." on the bottle.

The story obtained from her afterwards was that, thinking herself in the way, she had determined to commit suicide. At a quarter past 10 she had taken about a mouthful of the liq. strychniæ, and almost directly afterwards felt oppression at the chest and difficulty of breathing. She then got the draught already mentioned, but could not be sick. She suffered acute pain throughout her body, and in the intervals of the spasms wanted to speak, but could not. Her intellect must have remained clear up to the time she was put under the influence of chloroform, as she could tell all that had been said and done up to that time.

From her statement, and from the quantity missing from the bottle, it is calculated that she must have taken a dose of not less than six drachms of the liq. strychniæ of the British Pharmacopœia—equal to three grains of the alkaloid. She made a good recovery, and is now quite well.

A fact worthy of record in connexion with the case is the necessity of using *pure* chloroform. We had unfortunately run out of our supply of chloroform, and, having obtained some from a neighbouring druggist, to our consternation, found that we could not subdue the spasms, and that they were gaining in intensity. Another specimen, made by Duncan and Flockhart of Edinburgh, having been obtained, the spasms were at once brought under complete control. The patient was thus under the influence of chloroform for five hours, and about eight ounces of that agent were used.

Nottingham.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

VESICAL CALCULUS IN A BOY EIGHT YEARS OF AGE, WITH SYMPTOMS ALL HIS LIFE; LATERAL LITHOTOMY.

(Under the care of Mr. HOLDEN.)

For the notes of the following case we are indebted to Dr. James Shuter, house-surgeon.

W. H. H——, a boy aged eight years, was admitted June 14th, to Pitcairn ward. He was a small, dark-haired, badly-nourished child, with Jewish features, large tonsils, and left internal strabismus; and was somewhat deaf and decidedly *non compos mentis*. He was the survivor of twins, and had never been quite rational. He appeared to have always had pain in his penis on passing water, and had been in the habit of compressing his glans penis anteroposteriorly between his finger and thumb during micturition. The stream had occasionally been seen to stop suddenly and then to recommence. No blood had ever been noticed. He strained very much at stool and during micturition.

On admission, though he strained very much on passing water, the passage of it did not seem to cause him much pain. His urine was thick with mucus, feebly acid, and contained no albumen. The appetite was good.

June 23rd.—He was sounded, and a stone was both felt and heard. It appeared to be stationed at the left of the pubes, and could be felt through the rectum.

30th.—Since admission patient has much improved in general health. He still strains at stool, and grasps the end of the penis during micturition. He passes water more freely during the day than the night. Pulse 104; temperature 99·1°; tongue moist and white. At 1.30 P.M., when under the influence of chloroform, Mr. Holden performed the left lateral operation for lithotomy, and removed an ellipsoidal calculus, crystallised on its surface, composed of phosphate of lime, weighing 67 grains, and measuring three-quarters of an inch in its long and five-eighths of an inch in its short axis. It was lying in a small cul-de-sac of mucous membrane just to the left of the median line and close to the pubic arch. There was very little hæmorrhage. No plug was used. During the operation prolapsus ani occurred, and the patient vomited before leaving the theatre. After being put to bed respiration almost ceased. An hour after the operation the pulse was 120, the temperature 99·4°.

July 1st.—Slept well; has taken some milk and bread-and-butter. Water passes freely through the wound, none through urethra. Tongue moist and clean; pulse 120; temperature 99·4°.

2nd.—Slept well and takes nourishment. Since yesterday

at mid-day there has been no water through the wound, but it has been seen coming through the urethra. The wound is clean, and there is no inflammation around. Tongue moist and clean; pulse 104; temperature 98·8°.

From this time the patient progressed favourably in every way. For a day or two he had considerable pain in the penis immediately before passing water. The wound healed gradually, and was completely healed by July 12th. No water through wound since July 1st.

19th.—Discharged quite well.

MIDDLESEX HOSPITAL.

CASES OF FISSURE OF THE ANUS.

(Under the care of Dr. ARTHUR EDIS.)

Fissure of the anus; supposed uterine disease; division; complete recovery.—S. W——, aged twenty one, married two years; one child, aged seven months. Ever since her confinement the bowels have been very confined, often going a whole week without acting. For the last five months she has taken two to three teaspoonfuls of castor oil every morning. She experienced severe agonising pain on defecation, the pain lasting the greater part of the day, and quite unfitting her for her household duties. A medical man had been in attendance for several months, and had treated her for an affection of the womb, only lately having had any suspicion that something was wrong with the bowel, when two leeches were applied to the anus, but no examination made. The patient had been confined to bed for nearly three months. Having heard the above history, the lower bowel was carefully examined, and on passing the left forefinger a hard, exquisitely sensitive fissure on the posterior aspect was detected. As the patient was exceedingly nervous, and the examination caused much pain, a small quantity of chloroform was given, and the fissure divided by means of a blunt-pointed bistoury. Oiled lint and opium suppository were inserted, and the bowels relieved on the third day without any pain whatever. Attention to the state of the bowels caused great improvement in the general health. After the first few days the patient had no return of the symptoms, and recovered perfectly.

Fissure of rectum; supposed piles; operation; recovery.—E. E——, aged twenty-five, single, presented herself, complaining of certain uterine symptoms, together with severe pain in defecation, which had been present during the last two years. The bowels were habitually constipated, the patient frequently allowing a whole week to elapse without their acting—in fact, the pain was so severe "she never went unless she was absolutely obliged," as "the agony was so excruciating," becoming worse and worse an hour or so after the bowels acted, the pain often lasting for twenty-four hours, and the motion being streaked with blood.

On examination, a small condylomatous growth at the anterior margin of the anus was detected, which the patient stated she had regarded as a pile, and had had ointment prescribed for it, though she had never been examined. On inserting the finger per anum, a fissure was found extending up an inch or more into the bowel from the growth externally; considerable pain was complained of at the time, and the finger on withdrawal was streaked with blood.

The growth was at once removed by the aid of curved scissors, and the fissure divided along the base by means of a bistoury. Oiled lint was inserted, and a mixture of sulphate of magnesia and sulphate of iron prescribed, to ensure regular action of the bowels, a soothing lead lotion being also ordered. The pain on defecation gradually disappeared, and the patient recovered perfectly within a few weeks.

The case is of interest, as the patient had been seen by several practitioners, who treated her for piles on her own representation, without ever confirming or upsetting the patient's own diagnosis by means of an examination. She had been doctoring, on and off, for nearly the whole of the two years during which she had been suffering.

In place of confining the bowels by means of opium subsequently to the operation, as usually advised, a tonic aperient mixture was prescribed, and regularity of the bowels thus ensured.

ROYAL INFIRMARY, EDINBURGH.

LOOSE CARTILAGE REMOVED FROM THE KNEE-JOINT, ANTISEPTICALLY; CURE.

(Under the care of Mr. JOSEPH BELL.)

FOR the notes of the following case, which we had the opportunity of seeing several times during the week that the British Medical Association held its meetings in Edinburgh, we are indebted to Mr. A. J. Vanse, M.B., C.M., house-surgeon:—

William C——, aged thirty-nine, foreman in an iron-foundry, was admitted July 14th, 1875. For the last nineteen years the patient has felt a hard body in his left knee-joint, and has from time to time experienced sudden severe pain in that region. About nine months ago the joint began to swell, and since then he has on several occasions fallen to the ground from the sudden accession of pain in connexion with the knee. On July 28th Mr. Bell made an incision into the joint, with the ordinary antiseptic precautions, and removed a smooth, hard body about the size of a filbert, and at the same time a quantity of opalescent fluid escaped. The joint at the time of the operation was in a state of inflammation. A drainage-tube was placed in the wound, the lips of which were closed by catgut sutures, and the usual gauze dressings applied.

The wound was dressed every twenty-four hours for the first six days; subsequently with an interval, first of two, and then of three days, and on no occasion did the wound present the slightest trace of inflammation. The temperature never rose above 99·5°. The drainage-tube was removed on the fourth, and the sutures on the tenth day, and the wound was quite healed on the twelfth day after the operation, without the patient having experienced any pain. He was allowed to walk on the 8th, and left the hospital on the 12th of August quite well.

DEVON AND EXETER HOSPITAL.

THREE CASES OF ANEURISM SUCCESSFULLY TREATED BY DIGITAL COMPRESSION.

FOR the notes of the following cases we are indebted to Mr. Edward J. Domville, late house-surgeon.

CASE 1. *Aneurism of femoral artery; digital compression; cure.* (Under the care of Mr. A. J. CUMMING.)—John C——, aged thirty-eight, in receipt of an army pension, but working as a day labourer, was admitted into hospital on Oct. 30th, 1873, having a pulsating tumour on the front and inner side of the left thigh, over the position of the femoral artery as it passes through Hunter's canal. The patient could not account for its existence, and could not remember any blow or strain. He had only noticed the swelling for five or six weeks, and only quite recently had felt the pain in it, for which he now sought relief.

Digital compression was applied to the femoral artery in the groin by relays of students on the day after admission, and kept up for twenty-four hours without producing any permanent effect, although as long as the pressure was applied the pulsation ceased entirely, and the tumour decreased in size.

After a week's interval of rest in bed, the same plan of treatment was again carried out for seventy-two hours, and complete success was the result. The patient was discharged cured on Dec. 2nd, 1873, and has since been continuously able to follow his occupation.

CASE 2. *Popliteal aneurism; failure of flexion; cure by digital compression.* (Under the care of Mr. A. J. CUMMING.)—George G——, aged forty-nine, was injured in the wrist twenty years ago, and was in consequence invalided from the army with a pension, but was not sufficiently ill to prevent him working as a gardener. In September, 1874, while at work he felt a sudden pain under his left knee, which continued, and was in a few days followed by a "beating sensation," but he could not perceive any swelling. In November, the leg began to swell by day, resuming its size after a night's rest. He could give no history of a blow, and was not subject to any strain when he first felt the pain. No palliative treatment had been adopted before his admission into hospital in January, 1875.

On admission, the left popliteal space was found to be occupied by a pulsating tumour, over which the skin was very tense, but not discoloured, although the superficial veins were enlarged. The pulsation was distinct, both laterally and eccentrally, but was readily controlled by pressure on the femoral artery. The circumference of the limb over the centre of the patella was 15½ in.; and of the right limb, 13¾ in. There was a systolic aortic bruit heard also in the tumour, but otherwise the patient was in good health.

On the 16th January digital pressure was applied to the femoral artery in the groin for fifteen hours, when it was found that pulsation had ceased. After an interval of two hours, as it was supposed that a return of pulsation threatened, pressure was reapplied for three hours, making a total of eighteen hours.

Extreme flexion was at first tried for this case, but the pain caused was so great that the patient was unable to bear it for any length of time. To relieve the pain caused by the pressure chloral hydrate was used, the injection of a sixth of a grain of morphia having previously caused intense headache, with great depression.

The patient was kept under observation for three weeks, and then discharged cured, no further treatment having been required.

CASE 3. *Popliteal aneurism; digital compression; cure.* (Under the care of Mr. BANKART.)—William H——, aged twenty-eight, labourer, retired from the army in 1870, after seven and a half years' service, and is now in the militia reserve. In February, 1875, while carrying a heavy bag of manure on his back, his leg gave way suddenly, causing him great pain, and putting his hand down he felt a "beating" under his left knee. The pain went away on his walking about, but returned when he lay down.

On admission in April there was found to be a pulsating tumour in the left popliteal space, pulsation being distinct in all directions. The skin was not tense, nor were the superficial veins enlarged. The leg below the swelling was of its natural size, but over the tumour the difference between the circumference of the two limbs was one inch.

On April 24th digital pressure was applied over the femoral artery and kept up by the house-surgeon and relays of students for sixty hours, and at the end of this time, although the tumour appeared smaller and more firm, the pulsation was scarcely lessened.

After a week's interval of rest in bed, the patient insisted on going home to see his wife, who was ill, but returned after two days' absence, having suffered a good deal of pain, but the tumour had not perceptibly increased in size.

Digital pressure was again applied as before, and after six hours pulsation ceased. The pressure was, however, kept up for thirty hours more, and subsequently applied for short periods as a precautionary measure, but there was no return of the pulsation, and the man was discharged cured at the end of a fortnight.

It is worthy of note, as a coincidence, if nothing more, that all three cases were army pensioners; although in the first case the amount of actual service was limited to a two years' preparation for the review at which he was injured.

The plan adopted in all three cases was to set two students at a time on duty for two or four hours, each to apply pressure on the artery for ten minutes at a time, while the other, keeping watch with his hand on the tumour, gave warning of a return of pulsation due to any slackening of effort. As the staff of helpers was limited, these efforts were supplemented by the occasional application of the horse-shoe tourniquet. If it is fair to judge from the numerous cries of warning given by the students on watch in almost every instance, it may be that some share in the cause of failures to cure after many hours' application, in cases where each person was expected to keep up pressure for an hour or more at a time, must be considered as due to a relaxation of effort on the part of the individuals compressing.

In conclusion, it may be added that both patient and compressor found considerable relief from the occasional use of a small tourniquet pad instead of direct pressure with the thumb or fingers. Its use also avoided the irksomeness caused by a nervous search for the artery by first-year students, and which the patients are not slow to observe.

NORTH RIDING INFIRMARY, MIDDLESBOROUGH.

CASE OF LOOSE CARTILAGE IN KNEE-JOINT; REMOVAL ON ANTISEPTIC SYSTEM; RECOVERY.

(Under the care of Dr. W. J. WILLIAMS.)

FOR the following notes we are indebted to Mr. W. Stirling Anderson, house-surgeon.

Patrick L——, aged twenty-two, was admitted into the North Riding Infirmary, on 11th August, 1874, with a loose cartilage in right knee-joint. About four years ago patient was working on a night shift, and having occasion to be on his knees, found on rising to the erect posture that he could not straighten his right leg. The leg was perfectly free of pain as long as it remained in the semiflexed position, but any attempt to straighten the limb was attended with great pain. Some swelling of the joint took place, but subsided in some little time, leaving him the perfect use of the limb. Eighteen months afterwards he became subject to excruciating pain in the joint when walking, resulting after complete extension of the limb. The pain continued for nearly ten minutes, during which he could not attempt to straighten the limb without suffering great pain. Shortly afterwards he found a little lump on the inside of the joint, at the lower and inner border of the patella, which disappeared on pressure. He continued in this state till the end of last month, but was then forced to put himself under treatment as the sudden seizure of the pain when working (at a blast furnace) placed him in jeopardy of some accident from the consequent inability to use his right leg. After an ineffective trial to remove the loose body, he applied for admission to this hospital.

At noon on August 26th, Dr. Williams proceeded to remove the loose body.

The joint was quite natural in appearance except below the patella, where there was some little thickening, which, patient says, was the result of an accident he met with when a child. On examination, no loose body could be found; but after patient had walked once or twice across the floor, a small body, of the apparent size of a sixpence, was detected on the outer and anterior part of the capsule.

The leg was bent on the thigh to assist the operation in keeping the loose body in its place, as it had a tendency to glide in between the articular surfaces of the tibia and femur. Chloroform was dispensed with. The skin over the joint and vicinity was thoroughly washed with an oily solution of carbolic acid (1 to 10). The knee, as noted above, was flexed; the fingers of an assistant pressing from below kept the loose body in position. Under a spray of carbolic-acid lotion (1 to 40), Dr. Williams made an incision two inches in length, its lowest point being an inch higher than the position in which the loose body was felt. The part of the capsule over the body was reached by the finger through the wound; the body was seized with a tenaculum and pulled out after the capsule had been opened. This part of the operation was somewhat protracted by the tendency of the loose body to shift about, even though pressed upon from below. On examination, the loose body proved to be a flat piece of cartilage, about the size of a large bean.

All the steps of the operation were conducted under the spray, the fingers of the operator and assistant, as well as the instruments used, being washed in carbolic acid lotion (1 to 40). The limb was extended, and the wound (the lips of which were not brought together by sutures) dressed with a small piece of protective oiled silk, overlapped very freely in all directions by a piece of antiseptic gauze folded (8 plies) according to Professor Lister's directions. The limb was kept in the extended position by a piece of Gooch splint applied posteriorly.

August 26th.—9 P.M.: Patient is very well. Indeed there is no difference in him, when contrasted with his state before the operation, save that he is confined to bed. Finds the extended position of limb very irksome. He has taken his dinner, tea, and supper as usual, and relished them. Does not complain of the least pain in the joint. Says there is a little soreness at the wound. Temperature 98·4°; pulse 60.

27th.—10.30 A.M.: Had a good night. Has taken his breakfast as usual. At present he does not feel the slightest uneasiness in any part of the limb. Temperature

98°; pulse 58; tongue natural.—Noon: The wound dressed under the spray. There has been some little sanguineous discharge, but the wound itself is perfectly free from the slightest irritation. Dressed as before.—9 P.M.: Patient says there is not the least uneasiness in any part of the limb. Has suffered from diarrhœa this afternoon. To have pill of lead with opium. Temperature 97·8°; pulse 52.

28th.—9.10 P.M.: Patient's temperature this morning was 98·4°; pulse 52. He had quite recovered from the diarrhœa. The bandage over the Gooch splint was taken off to see if there was any discharge, but there being none, the dressing was not proceeded with. To-night he is, as in the morning, perfectly well. Temperature 97·4°; pulse 52.

29th.—9 P.M.: This morning patient continued as at last note. In the afternoon the dressing was changed under the spray. There was some slight sanguineous discharge staining the gauze, but nothing more. The wound was filled up with clot, and its edges were quite natural, being free from the slightest irritation.

Sept. 1st.—Wound dressed to-day. No appearance of granulations; the original clot undergoing organisation, filling the gap. Slight lympho-sanguineous discharge, but not more than ten drops. General health all that could be desired.

5th.—Wound dressed as before. No granulations, and no purulent discharge. Cicatrisation going on well.

10th.—Wound almost healed. Still no granulations.

15th.—Wound healed and cicatrix strong.

After the last dressing patient was allowed to walk about, which he could do perfectly, there being no stiffness nor uneasiness in the joint. He returned to his heavy labour, finding himself fit to engage in it.

Reviews and Notices of Books.

The Management of Infancy and Childhood in Health and Disease. By HOWARD BARRETT, M.R.C.S., late Surgeon to the Poplar Hospital. London: Routledge and Sons.—This is a sensible book, and may be safely recommended to those who desire information on the subject of which it treats. It does much to supply the lack of education in physiological and medical matters which is so painfully apparent in most parents. Not the least merit of it is that several chapters are occupied in discussing, in a general way, the hygienic management of children. The author gives, in the latter half of the book, good clear accounts of particular diseases, medical and surgical, and their treatment, which will be found very useful for people out of the reach of doctors; but the first half of the book is devoted to such questions as Nursing, Diet, Ventilation, the Influence of Light, Vaccination, Disinfection, &c.—a careful study of which on the part of parents will be rewarded with healthy children and the infrequent need of doctors' help.

Italian Alps. Sketches in the Mountains of Ticino, Lombardy, the Trentino, and Venetia. By DOUGLAS W. FRESHFIELD. London: Longmans, Green, and Co. 1875.—The author in his preface apologises to the public and to his friends for this work; but he need not have done so. It fills up a gap in the descriptive history of Alpine scenery, about which English readers have hitherto found no information in their own language except in guide books. The Italian Alps are very little known to the ordinary British tourist, and though we have had enough and to spare about mountaineering adventures, described cleverly, badly, and indifferently, the reader will find here a pleasant account of "fresh fields and pastures new." The exquisite valleys round the head of Lago Maggiore, the mountains of Val Masino and Val Livigno, the Punta Trubinesca and the highlands of Lombardy, and the Trentino are not as yet overrun by Mr. Cook and his satellites. This book is admirably got-up, with maps by Stanford, and some pleasing engravings. Some of the subject-matter has already, in a fragmentary way, appeared in *Fraser's Magazine* and the *Alpine Journal*.

Snioland or Iceland. Its Jokulls and Fjalls. By WILLIAM LORD WATTS. London: Longmans and Co. 1875.—This is evidently a book of the period, though a far less ambitious production than that last noticed. Mr. Watts has published, in the form of a daily journal, particulars of an excursion to Iceland, commenced in June of last year. It is not, perhaps, generally known that that island is well within the limits of a six weeks' holiday; the voyage is short (about six days, including a stop at Faroe), and the climate very healthy. The author does not aim at elaborate descriptive writing, and is often prolix, giving particulars that few would care to read, but the book would be useful to any intending excursionists northwards, and is illustrated with some middling photographs.

The Wines of the World Characterised and Classed. By HENRY VIZETELLY. London: Ward, Lock, and Tyler. 1875.—This is the cheapest shillingsworth that we have seen for a long time. Mr. Vizetelly was one of the wine jurors at the Vienna Exhibition of 1873, and the book before us is, in fact, a revised and amplified version of the reports on wines and beers drawn up for the Commissioners. The wines of France and Algeria, Germany, Switzerland, Austria, Hungary, Russia, Spain, Italy, and, indeed, those of all other countries, including our colonies, are here described *seriatim*, and there is a concluding critical chapter on the beers of Europe, which we recommend as a practical guide to those of our readers who patronise malt and hops in preference to more luxurious beverages.

Sex in Industry: a Plea for the Working Girl. By AZEL AMES, jun., M.D., Special Commissioner of Investigation, Massachusetts Bureau of Statistics of Labour, &c. Boston: James R. Osgood and Co. London: Trübner. 1875.—This little book is the outcome of an inquiry made by order of the Massachusetts Statistical Bureau on the influence of homes and employments upon health. The marvellous rapidity with which digital operations are performed by girls in factories led to special inquiries as to how far the sexual status was affected, and detailed facts are given in this book as the result of these inquiries that must be very interesting to those of us (and they are many) in this country who want to solve satisfactorily the vexed question as to the proper field for feminine labour. Standing for many hours, counting, telegraphing, and many other mechanical operations in which women are now employed in England, but far more extensively in the States, are all declared, and, according to the author, proved, to be positively injurious, and in many cases utterly fatal to the health of the girls engaged therein. Many of the deductions drawn are, however, as we think, much exaggerated; but the book is thoughtfully written, is short, and worthy the attention of all who are collecting opinions, facts, and statistics on this important subject.

A Primer of the English Constitution and Government. By SHELDON AMOS, M.A., Professor of Jurisprudence, University College, London, &c. Second Edition. London: Longmans, Green, & Co. 1875.—This small work is intended, as we suppose, to be called "legislation made easy," inasmuch as it professes to teach the law to the laity in the same sort of way as popular medical handbooks attempt to teach to non-professional persons the science of the prevention and cure of disease. We do not profess to review a book so entirely out of our field of work; but there is a great amount of interesting information in this volume, although we are disposed to think that, with regard to both law and physic, a little knowledge is a dangerous thing. Law is never likely to become, in any sense, a popular science.

REPORT
OF
The Lancet Commission
ON THE
SANITARY CONDITION OF OUR PUBLIC SCHOOLS.

MARLBOROUGH.

Of the schools as yet visited by The Lancet Commission, Marlborough decidedly takes the lead with regard to the excellence of its sanitary arrangements. We have therefore selected this school for our first report, as it so nearly approaches the standard we laid down in our introductory articles as to what a school should be. The excellence of Marlborough in this respect is chiefly owing to the medical officer, Dr. Fergus, who for twenty-six years has been attached to the school, and who has devoted his whole time to the duties of the post; he has moreover been admirably seconded by the school authorities. Marlborough is a proprietary college, and at the present time contains about 560 boarders—viz., 380 in the school buildings and 180 in the out-boarding houses. The pupils are chiefly drawn from the professional classes. The school buildings consist of an old brick mansion, formerly the famous Castle Inn, and some more recent buildings, which together form a somewhat irregular mass, but well open on all sides to the air. It is situate on the old Bath road, and the town terminates abruptly at the college entrance. The out-boarding houses are some little distance from the college, on the Bath road, and consequently are still further separated from the town. The college, the town, and the boarding-houses drain into the river Kennet, but all have a distinct system of sewers; the town outlet being a considerable distance down the stream, below the outlets of the college and the boarding-houses. The college drains unite, at a point some hundred yards distant from the college buildings, to form a main sewer, which, about two hundred yards further, opens into three large tanks, which collect the solid excreta, the liquid overflow alone passing into the river. These tanks are cleaned out during the holidays, and they are more than sufficient for the requirements of the school. They are well ventilated, and no unpleasant smell can be perceived when standing over them. The advantage gained by intercepting the solid excreta is that no deposit takes place in the bed of the river opposite the college, which might silt up and become exposed and offensive during the dry months of the year. The means of flushing the college drains are very perfect. An immense volume of water can be poured into them by means of hydrants provided in all parts of the building for the purpose of extinguishing fire. During term time the medical superintendent personally superintends the process, and sees that it is regularly and efficiently carried out. The drainage of the boarding-houses is equally complete and entirely separate from that of the town. The college has a water-supply of its own. Its source is a deep well sunk in the chalk; the water, though somewhat hard, is excellent in quality and abundant in supply, and there is no possible chance of its becoming contaminated either at its source or in the course of its distribution. The service is constant, and carried to all parts of the building, and cisterns are attached to all the waterclosets.

At Marlborough the general plan is to have sitting-rooms for the preparation of studies; in some of the new boarding-houses there are single studies for the senior boys, and dormitories. The size of some of these dormitories is the one objection we have to find with the Marlborough system. In our introductory remarks, whilst giving preference to the dormitory over the double system—i.e., union of study and bedroom,—we stated that the number in the dormitory should be limited, certainly not exceeding fourteen. Our reason for this was, that while the numbers in a dormitory are a protection against immoral practices being carried on, yet an increase of numbers is dangerous in a sanitary point of view, as giving greater scope to the introduction of zymotic disease. In small dormitories the case is otherwise; in a ward of fourteen, if a case, say of scarlet fever, is introduced, it is easy to procure effectual isolation without materially interfering with the school work, but in a large chamber this is impossible. We believe this to be the secret of the outbreaks of scarlet fever that attacked Marlborough some few years ago, and our opinion is strengthened by the report of Dr. Bristowe. That gentleman found the dormitories in question, at the time of his visit, overcrowded, and he advised a diminution of the numbers. In all other respects his report of the school was most satisfactory, and we think it right, in justice to the authorities, to quote some of it at length:—

"From the statistics of the sanitary state of the boys which were placed before me, it seems that, but for outbreaks of scarlet fever, which have been exceptionally frequent during the last few years, their health has been remarkably good. There is no evidence, so far as I can learn, of the occurrence of disease traceable either to emanations from the soil, or to defective drainage, or to impure water, or directly to overcrowding or imperfect ventilation. The occasional introduction of the poison of scarlet fever into a large establishment is an accident which no precautions can wholly avert, and I do not see how you can prevent it. The spreading of the disease, however, is promoted by various adverse conditions, some of which it may be in our power to obviate. Thus it is promoted by overcrowding and insufficient ventilation, by incomplete isolation of the sick, and by the concourse of a large number of persons who are not protected by having previously suffered from the disease. The first two of these conditions, so far at least as in your case they seem to me defective, I have already criticised; the last condition is obviously a very important one, but it is of course entirely beyond your control. But I must acknowledge that the marvellously low mortality which your statistics show, and the complete immunity which there has been from consecutive dropsy, are high testimonials in favour of your general sanitary state, and of the excellent care you take of the sick. I do not presume to give you any advice in regard to the hygienic, or other treatment, of your scarlatinal cases, for the simple reason that in every respect their treatment appears to me to be perfect; and I cannot resist this opportunity of saying how much I was struck with the numerous niceties of hygienic arrangements which prevail, not only in the infirmary and sanatorium, but throughout the college."

Since Dr. Bristowe's report (1868) the bedroom accommodation has been considerably increased by the erection of new buildings and boarding-houses; the new sleeping rooms approximate more nearly to the standard laid down by ourselves, and the school has not experienced any fresh outbreak since that time. The senior forms are allowed to go into the town on all days except Sundays; the remainder are limited to the High-street; and, in case of any epidemic occurring in the town, the privilege is forbidden on the representation of the medical officer.

The dietary is sufficient and abundant; half an hour is allowed for breakfast and tea, and forty minutes for dinner. No boy is allowed to leave the hall till *licet* has been called, thus preventing fags been sent off before the meal is completed. On days when "big game" or "house matches" are played, extra refreshment is supplied to such members as have been playing. All the boys dine in the common hall, and the house master sits at the head of each table, and the head master presides over the whole; an excellent arrangement, which allows any defect of service to come under immediate observation.

With regard to the sanitary arrangements of each house, the waste pipes from the baths, lavatories, &c., are thoroughly trapped, and no communication with the drain is possible, and in nearly every instance separate pipes convey the waste water away, and the wastes do not enter the soil pipes of the waterclosets whenever it is possible to have a separate conveyance for them. The rule of having every

pipe carefully trapped has been enforced throughout the college, and when there is any fear of the traps being dried in hot weather means are adopted for refilling them. The closets are separate; those out of doors arranged in sheds, whilst a sufficient number are provided on each staircase for night use; they are all well ventilated, and free from smell. The urinals are of slate, and flushed with water.

The sanatorium for the reception of infectious cases is situate some little distance from the school; it is commodious and well ventilated. The apparatus for baking the clothes and bedding of the patients is admirable and convenient, any quantity of clothes and bedding being heated in a remarkably short space of time. The ordinary sick-house is quite distinct from the sanatorium.

Medical supervision is carried out to its fullest extent. The medical officer devotes his whole time to the interests of the school; he is constantly mixing with the boys. On entrance each boy is required to fill up a form, signed by the parent, stating age, date of admission, school number, specifying what contagious disease he has had, together with any peculiarity of constitution that should be noted by the medical officer, such as liability to colds, if born in India or within the tropics, hernia, headache, rheumatism, &c. It is a rule that every boy who is not in school must be in the sick-house, or have leave to be elsewhere, so that all boys who complain even of the most trivial ailment are at once seen by the medical officer, and prompt treatment and isolation secured in case of infectious disease manifesting itself. Moreover, all malingering is thus checked. Marlborough has the reputation of being a working school; indeed, nearly all the boys are dependent on their own exertions for their future prospects in life, consequently the amount of work required is above the standard. Dr. Fergus assures us, however, that cases of breakdown are exceptional, and this must be attributed to his constant supervision, any apparent overtask coming at once under his eye, and a check being placed on the studies. The same wholesome supervision is exercised in the playground. At the time of our visit we entered the gymnasium, and Dr. Fergus at once recognised a boy who was, in his opinion, taking too much out of himself, and said, "I shall have to give him a caution." This frequent contact of the medical officer with the boys is most beneficial, for it teaches him to recognise at a glance the particular strain injurious in a given individual, and to check at once the mischief that may arise from too long or severe continuance of the same. Only a medical officer entirely and devotedly attached to the work could acquire such knowledge, and we are sure that our large public schools would not only be doing their simple and obvious duty, but also consulting their own interests, by making it worth the while of cultivated medical men to undertake this special branch. One other judicious regulation we must notice. In case any boy is found unfit for school life, the house master and the head master are consulted, and the boy sent away for a term or so until his health or strength allows him to return. Dr. Fergus has found that many delicate boys suffer during the spring months, a time trying to the health at all schools; in these cases he allows them only to keep the summer and autumn terms. This, while causing no real loss of time, promotes the general health, and permits the boy, who otherwise might have broken down altogether, to go successfully through his school career. It has been suggested to us that Marlborough, lying as it does in the hollow of the chalk downs, is damp. At the time of our visit we saw no indications that that was the case, though from its situation it might be somewhat flooded in wet seasons, when the water from the hills drained rapidly down into the valley; this water would, however, speedily run off. If any dampness was experienced during the autumn and winter months it might easily be remedied by increasing the surface drainage, with little expense, as far as the college is concerned.

EXAMINATION IN STATE MEDICINE AT CAMBRIDGE. This examination will commence on October 5th. Candidates who pass it satisfactorily will receive certificates testifying to their competent knowledge of what is required for the duties of an officer of health. Any person whose name is on the Medical Register may present himself for the examination provided he is twenty-four years of age. Candidates for the examination are required to send their names before September 15th to Professor Liveing, Cambridge.

New Inventions.

NEW ETHER INHALER,

AS SUGGESTED BY MR. GOLDING BIRD.

THE advantages claimed for this inhaler are its simplicity and cheapness as compared with the usual ether inhalers. The waste of the anæsthetic by evaporation is reduced to a minimum by the fact that the inspired air enters by the aperture at the apex, guarded by a valve opening inwards, and the expired air passes out by that just above the nose, where there is a valve opening outwards. The mouthpiece includes all from the bridge of the nose to the chin, and is so arranged as to be practically air-tight to all faces. The

instrument is light; it is lined with a waterproof material, and its edge is bound with soft leather, either of which will wash; but, if desired, a thin flannel bag carrying the sponge can be inserted, and its mouth be turned up all round outside the mouthpiece of the inhaler, and so each patient can have the advantage of a clean instrument. It is used not only for ether, but also for the mixture of alcohol (1 pt.), ether (2 pts.), and chloroform (3 pts.), for which it is admirably adapted. It is designed to embrace some of the advantages of the more elaborate inhalers, and to do away with the waste of the anæsthetic that is always caused where a sponge and towel or felt inhaler are employed.

This inhaler is manufactured by Mr. J. Millikin, of St. Thomas's-street, Borough.

MYCOSIS OF THE SKIN.

To the Editor of THE LANCET.

SIR,—During a recent examination of specimens of the "Bouton de Biskra," which Dr. E. Weber was good enough to send me—none being procurable during my visit to Biskra in October last,—I have found, in addition to the ordinary "granulation" tissue, very clear evidence of the presence of a true fungous growth. Thus, in canals which have the appearance of "lymphatics," and one of which runs alongside a "sweat-duct," there may be seen masses resembling the well-known groups of "micrococci," and, in addition, a transition from the characteristic granular substance to filaments and felted masses, which are clearly of veritable fungous character. "Conidia" seem to be given off at the ends of some filaments.

My examination has yet to be completed in other respects, and I hope to submit the results inclusive to one of our medical societies in due time; meanwhile, in order to record the present observation without loss of time—and I think it is one of considerable significance,—these few lines are forwarded for early insertion in THE LANCET, should you be able to find a place for them.

I am, Sir, your obedient servant,

H. VANDYKE CARTER, M.D.,
H.M. Indian Army.

Bombay, July 30th, 1875.

THE LANCET.

LONDON: SATURDAY, AUGUST 28, 1875.

SIR ROBERT CHRISTISON tried hard to reverse public opinion on the questions on which he discoursed so affluently at Edinburgh. But he will not succeed. We are not insensible—it is impossible to be so—to the charms of his powerful advocacy of the existing state of things. He can appeal to a long and rich experience; he has been personally identified for fifty years with the history of an illustrious University; he possesses a mind so apt and able as to be independent of particular systems, and to gather about itself all that is of the best either in systems or in men. It is natural that Sir ROBERT should be enamoured of the order of things in which he has played so honourable a part, and which to him is so rich in pleasant associations. And we are ready to admit that, if he were a fair representative of all students and all teachers, the system which he supports would do well enough, or as well as any other. But this is just what, we have to remember, is not the case. And in a clear perception of this difference lies the secret of the main answer to Sir ROBERT'S address, which, despite the length of it, is agreeable reading.

Sir ROBERT CHRISTISON goes in boldly for two things in the existing system of medical education and examination which have of late been much spoken against, as we think justly. The first of these, which alone we notice to-day, is the system of lecturing—that mode of education which addresses itself for hours together in the day over a period of three or five months to the minds of students through their mere ears. We are not persuaded by Sir ROBERT'S arguments in favour of lecturing, nor can we think that others will be so, especially those who are familiar with the way in which the courses of lectures are treated by students in Edinburgh. Sir ROBERT was famous, not only for his lectures, but for the discipline of his class-room. The most unruly student put in an appearance, with proper frequency, at Sir ROBERT'S lectures. Not only so. While he was there he was kept in order. But this result was personal, and was by no means achieved in the case of all the professors, even of those scientifically and personally respected. All sorts of different results from these were to be seen, including sleep, various games, skilful escapes from the class-room after leaving a card or answering to one's name; or that state of mental inactivity which is the complex result of sitting listening and of knowing that you will find the essence of all that the lecturer is saying in his own book. But let us note Sir ROBERT'S arguments in favour of lecturing and his illustrations in support of them. He says that systematic instruction is an essential preparation for practical study. There is some truth in this proposition. But it by no means follows that systematic statements should take the form of lectures of an hour's duration. You may have too much of a good thing, and you may easily have too much of systematic statement. And the strong set of opinion at present is in favour of the view that the lecturing system gives too much systematic statement and too little objective teaching. Sir ROBERT alluded, but not by name, to one "late eminent authority" who used to sneer at the regulation requiring the poor student to attend a hundred lectures in the session. He might have quoted others. Mr. GLADSTONE not long ago greatly astonished Mr. LYON PLAYFAIR by telling him that he never attended one academic lecture in his life. Medicine, either in its fundamental sciences or in its practical parts, is unfitted for much systematic statement apart from practical and palpable facts. It will be found that those lecturers command the largest audiences and the deepest attention who contrive to introduce into their lectures the greatest amount of facts and instances—in other words, who make their lectures more practical and less systematic. It is well to remember that science begins with the careful observation of facts, and ends with the systematic statement of what is observed; and this is the order and the way in which the student is most likely to be allured into studious habits and into a scientific frame of mind. Long systematic discourses are still more out of place now that the best books can be easily procured. Sir ROBERT'S illustrations, by which he would support the system of long lectures by the hundred, are, it seems to us, not more convincing than his arguments. He compares, or rather contrasts, the powers of the theatre, the pulpit, and the bar with the power of a book. But is it not true that the book is the growing power of the day, and that both the theatre and the pulpit are very much superseded by it? There is really not the difference between Professor CHRISTISON and ourselves which there may seem to be. He magnifies the power of lecturing. So do we when the lecturer is powerful. But what if he is prosy, and if the student is kept in dreary attendance, not by the instructiveness of the lecturer, but by the dry regulations of the University or the Medical Council? Most of his instances only confirm our main contention, that in medical teaching the systematic element must give place to the practical. Sir ROBERT CHRISTISON says Dr. HOPE, one of the most successful lecturers in the history of the Edinburgh University, gave no opportunity for practical study. But he tells the well-known secret of his great success when he informs us that Dr. HOPE'S course of 136 lectures was so complete and so fully illustrated "by never-failing experiments" that no diligent student ought to have found difficulty in taking up any branch of the subject practically. The case of Dr. JAMES GREGORY, the most captivating lecturer Sir ROBERT ever heard, proves too much. He was the apostle of bloodletting, which stood the test of half a century's experience. His mere eloquence gave a too long life to a bad practice. And who can doubt that if his descriptions of the virtues of bloodletting had been less systematic, more short and more clinical in character, more bound to square with cases and instances, medical practice would sooner have escaped from a false doctrine which has been at the root of much bad practice? We are not convinced, we repeat, that there is any necessity or advantage in students listening, or pretending to listen, to hundreds of dry systematic lectures. Lecturing may be the best mode of teaching; but the results of the present system

are not flattering, and would justify a little more freedom both to teachers and students as to the way in which their work should be done.

UNLESS vigorous steps are taken to watch and compress the parliamentary results of sanitary legislation, we shall soon possess a mass of enactments to be rivaled only by those that relate to merchant shipping. The measure that it is now our duty to summarise—the Public Health Act—contains no less than 343 clauses, divisible into 10 so-called parts. It may be as well to remind our readers that nineteen measures are wholly and three partially repealed by this Act, which does not extend to Scotland or Ireland, nor, with some very few exceptions, to the metropolis; and so we propose to treat the measure as an original Act.

The second part of the Act is very important in that it describes the constitution, powers, and duties of urban and rural sanitary authorities, and is little more than a repetition of certain clauses of the Act of 1872. The third part, which really constitutes the backbone of the Act, embraces sanitary provisions as to sewerage and drainage, including clauses giving power to purchase, make, maintain, and cleanse sewers, and disallows the use of any natural stream or watercourse as an outfall until the sewage is freed from all excrementitious or hurtful matter. Drainage of undrained houses *must* be enforced by the local authority, and all persons are subject to penalties who build houses without drains, over sewers, or under streets, in urban districts. All the clauses relating to the disposal of sewage are permissive, and as such will require amendment at some future time, when the vexed question of sewage utilisation is practically settled. No house can be erected without a sufficient watercloset, earthcloset, or privy, and an ashpit properly covered. Orders on this score may be issued to the owners of factories, if special accommodation is required; and any urban authority *may* provide urinals, waterclosets, &c., for the public accommodation. Provisions for cleansing the streets and the removal of refuse are not made obligatory, except by order of the Local Government Board. The owner or occupier of any house that is in a filthy state may be made to whitewash, cleanse, and purify the same in accordance with the directions of the medical officer of health. Pigstyes, waste or stagnant water in a dwelling-house, and overflowing privies and cesspools, are classed as nuisances, and the owners subjected to a penalty. Foul ditches, collections of manure, or other filth, may be summarily condemned at the cost of the owners, and orders may be given for the periodical removal of manure from mews and other premises in urban districts. The clauses relating to water-supply, seventeen in number, are nearly all permissive in character; but the 64th clause vests all existing public cisterns, wells, &c., used for the gratuitous supply of water, in the local authority, who may close polluted wells and take measures to prevent the pollution of streams. Cellars may only be occupied under certain specified provisions; and common lodging-houses are subjected to rules which we need not here recapitulate, as they have undergone no material alteration. The question as to what constitutes a nuisance is so important that we quote the seven sections almost verbatim: (1) Any premises in such a state as to be injurious to health; (2) any pool, ditch, watercourse, privy, urinal, cesspool, drain, or ashpit so foul or in such a state as to be injurious to health; (3) any animal so kept as to be injurious to health; (4) any accumulation or deposit injurious to health; (5) any house so overcrowded as to be injurious to health; (6) any factory or workshop not kept in a cleanly state or insufficiently ventilated; (7) any fireplace or furnace not, as far as is practicable, consuming its own smoke. The 92nd clause makes an inspection of the district obligatory for the purpose of ascertaining what nuisances call for abatement; and notices may be served, and summary jurisdiction exercised, in respect of any nuisance. The 110th clause provides for the effectual work of Port Sanitary Authorities by classing all ships or vessels as houses, the master or other officer in charge being deemed to be the occupier; and a subsection also includes in that provision school-ships and training-ships. Offensive trades are forbidden in urban districts without the consent of the local authority, who is empowered to make bye-laws with respect to them. The 115th clause also enables the authority of one district to take proceedings against any person creating a nuisance in an adjoining district—this section extending to the metropolis. Powers are granted to the medical officer of health or sanitary inspector to examine unsound meat or any other article intended for human food, and to apply to a magistrate for its destruction. The local authority is compelled, under the 120th clause, to see that houses are properly disinfected and cleansed, and that bedding or clothing which has been exposed to infection is disinfected or destroyed. It may provide a disinfecting apparatus, and maintain an ambulance for the removal of cases of infectious disease. Persons so suffering and without proper accommodation may be removed by order of a justice to a suitable hospital, as also persons found diseased on board ship. Persons labouring under contagious disease who expose themselves in the street, or travel in a public conveyance, are subject to penalties; and no one may expose or transmit infected clothing, or convey an infected person, without subsequently providing for the disinfection of the carriage, or let any room or house in which an infected person has lodged before such house has been disinfected, or make false replies to queries as to any such cases.

The Local Government Board reserves to itself the right, under the 130th section, of making any special regulations that may be deemed necessary with reference to cholera, both on land and water.

As regards hospitals, local authorities *may* provide them, and the patients (not being paupers) received into any such hospital are responsible for their own expenses during residence. Clauses relating to the prevalence of epidemic diseases enact that the Local Government Board may make regulations for the speedy interment of the dead; for house-to-house visitation; for the provision of medical aid and accommodation; the promotion of cleansing, ventilation, and disinfection; for guarding against the spread of disease; and for providing medical attendance. Mortuaries may be erected and maintained by the local authority.

We may omit all notice of Clauses 144 to 165 inclusive,

which comprise provisions as to highways and streets, lighting streets, public pleasure-grounds, &c.; as also police regulations relative to public bathing, hackney carriages, &c. Parts 5, 6, and 7, relate to rating and borrowing powers, general provisions, and legal proceedings, which need not be particularised here. Part 8 relates to alteration of areas and union of districts; and Clause 286 provides for the appointment of a medical officer of health for two or more districts situated wholly or partially in the same county under the sanction of the Local Government Board, but no urban district containing a population of 25,000 and upwards can be included in such union. The Board may also assign to any parochial medical officer duties in way of rendering local assistance to the medical officer of health of any such union. The six following clauses are devoted to Port Sanitary Authorities, which may be temporarily or permanently constituted by order of the Local Government Board, who may entrust such authorities with any of the duties assigned to urban or rural authorities under the Act. Clause 291, which relates to the metropolis, constitutes permanently the City corporation the Sanitary Authority of the Port of London. Extensive powers are given to the Local Government Board as to directing and prosecuting inquiries relating to public health; and all inspectors of the Board are invested with powers similar to those of the inspectors under the Poor-law Acts. The miscellaneous provisions include compensation in certain cases to officers removed by the repeal of former sanitary Acts, and the making of bye-laws for the decent lodgment of hop-pickers. The saving clauses provide for the continuance of all sanitary authorities and officers as appointed under the Act of 1872, and for the protection of all outfalls or other works of the Metropolitan Board of Works. Special provisions are also made in the case of the local government district of Oxford.

We have endeavoured to give a brief summary of this very voluminous Act, as though it was an original enactment and not one of almost exclusive consolidation, omitting of course a great deal of matter with which medical officers have little or nothing to do. Critical comments upon the Act must be reserved for a future article. Meanwhile it is cheering to know that our sanitary laws are now at all events packed up in but one parcel.

THE effect on the general system of suppression of the cutaneous secretion is a subject of very practical bearing. The process is supposed to be at the root of a large number of our common ailments, grave and trivial, and receives one of the highest places as a cause of disease on both the public and professional mind. A paper on the subject in the current number of VIRCHOW'S *Archiv* will therefore be perused with much interest. In it Dr. N. SOKOLOFF has described a series of careful experiments, the object of which was to determine the way in which the well-known effects are produced.

Two very different explanations have been given of the manner in which the application to the skin of a substance impermeable to water acts in leading, as it usually does, to the death of the animal. The old theory was that the arrest of secretion led to the retention in the blood and tissues of compounds which should have been excreted, and that these produced a poisonous effect. This explanation was accepted by MAGENDIE, GLUGE, HENLE, GERLACH, and others. It has received a more definite form from the investigations of EDENHUIZEN, who believes that, in health, a small quantity of nitrogen is excreted in a gaseous form by the skin, or in indefinite chemical combination, as an ammonia, and not in a firm combination, as urea. If the excretion by the skin is hindered, the nitrogen appears as ammonia, or a similar compound, in the blood, and is in part deposited as triple phosphate in the subcutaneous cellular tissue and peritoneum. He believes that the retention of this compound in the blood is the source of all the morbid appearances observed during life and after death. On the other hand, LASCHKEWITSCH concludes from his researches that the effects on animals are due solely to the increased loss of animal heat which the experiments entail. He found that by wrapping a varnished animal in cotton-wool its life, and even health, may be preserved. The effect of the artificial suppression of perspiration is dilatation of the cutaneous capillaries, the vaso-motor nerves being paralysed by the application to the skin. The result of the vascular dilatation is rapid loss of heat to such an extent as to be incompatible with life.

It was to ascertain to which of these causes, if to either, the results are to be ascribed which uniformly follow the arrest of the secretion of the skin that Dr. SOKOLOFF'S experiments have been undertaken. They were made upon dogs and rabbits. A varying extent of the skin was bared and covered with a substance capable of preventing the transudation of moisture. Various varnishes were employed, but it was found that the most satisfactory application was a thick oil. A comparison of a considerable number of experiments showed that the effect on the internal temperature varied according to the area of the skin on which the application was made. If the application was a very partial one, during the first days there was either a slight elevation of temperature (in the dog), or a slight fall (in the rabbit); but the deviation from the normal was never considerable. Subsequently there was a slight rise, followed by a fall; and simultaneously a series of symptoms indicated the commencement of serious organic mischief—general weakness, loss of appetite, evidence of weakened heart, dyspnœa, &c.; and these symptoms continued till death. In a few cases death was sudden and unexpected. If the whole, or nearly the whole, skin was painted, a quick and considerable fall in temperature occurred, and the manifestations of general disorder were much more rapid and stormy, and appeared often simultaneously. If the theory of LASCHKEWITSCH were correct, the observations should show a proportion between the loss of heat and the resulting symptoms; but this was far from being the case. Where the application was partial, there was at first no invariable fall; in some cases there was actual pyrexia; it was only at the last that a considerable fall occurred. Admitting the coincidence of lowered temperature and the gravest symptoms, the causal relationship between the two is, in Dr. SOKOLOFF'S opinion, far from being proved. If varnishing an animal causes vaso-motor paralysis of its cutaneous vessels, the effects on the temperature should resemble those in paralysis of the sympathetic, or after section of the spinal cord. In the latter case

the temperature, normally considerably higher in the rectum than on the skin, falls, and falls everywhere in a uniform degree. In the case of arrested perspiration, however, the internal temperature was uniformly warmer than the external, both on the day after the application and until death. May not the loss of heat be due to increased conductivity of the varnished or oiled skin? This is probable, for the mere removal of the hair is sufficient to reduce the animal's temperature; and some experiments showed that it might, indeed, be a sufficient cause to account for the total fall in the experiments. It was found that cotton-wool did not maintain the temperature, as was assumed by LASCHKEWITSCH; and VALENTIN found that an artificial supply of heat, although it rendered the animals more lively, did not prevent or postpone for long the fatal result.

On what grounds does the theory of a blood-poisoning rest? The main symptoms are albumen in the urine, weakened cardiac and respiratory action, and certain nervous troubles. After death, an inflammation of the parenchymatous organs is always found, those which suffered the most severely being the heart, liver, kidneys, alimentary canal and muscles, with signs of general œdema. The analogy with the effects of some poisons is certainly very close; and the hypothesis affords a better explanation of the phenomena than any other. The relation between the symptoms and the organs affected, in the case of the kidneys, is very intimate. It is impossible to overlook the obvious significance of the general œdema of organs and tissues, and of the presence of albumen and formed elements in the urine. The albuminuria, indeed, appears early, and increases as the symptoms increase. This is, then, to be regarded as one of the gravest consequences of the suppression of the perspiration—a result which agrees well with every-day clinical observation. It is probable, indeed, as clinical observation would also suggest, that many of the later troubles from which the animals suffer are secondary to the renal mischief. Of this, however, no direct evidence was to be obtained.

Microscopical examination showed nothing abnormal in the blood of animals suffering from the more intense consequences of the application. A more severe test was applied to it by injecting a portion of blood taken from an animal in the act of dying into the blood of a healthy animal. The results of several such experiments indicated a slight poisoned quality in the injected blood. Albumen quickly appeared in the urine, soon lessening, and disappearing on the fourth or fifth day. No albuminuria followed the injection of healthy blood or of distilled water. Thus the consequences of the injection are not the same as those of the suppression of the perspiration. In the one case the symptoms are slight and transient; in the other, grave and persistent. But in each case the kidney appears to suffer the most severely. No depression of temperature follows the injection of the morbid blood—a fact relied on by LASCHKEWITSCH as evidence that no blood-poison is present. In the opinion of SOKOLOFF, however, the fall in temperature is less uniform, less related to the constitutional symptoms, than is the evidence of kidney affection, and he thus concludes that the blood of the animals experimented on contains a substance capable of exciting the same symptoms, though in less intensity, in a healthy animal. It must not be forgotten, however, in estimating the value of this opinion, that the symptom relied upon is one common to a large number of blood-poisons, and as such is of perhaps less value than any other as indicating identity of action, much less unity of nature. The poison of scarlatina, of diphtheria, of a dissecting wound, may all cause the appearance of albumen in the urine in the same form as a violent chill to the surface; but no more inference can be drawn as to their common character than from the presence of pyrexia. However suppressed action of the skin acts in causing parenchymatous inflammation of organs, that inflammation once set up must lead to a state of blood quite capable of causing, if injected into a healthy animal, slight symptoms of blood-poisoning, and, among the rest, albumen in the urine, without there being any necessary identity in the initial process in the two cases. M. SOKOLOFF's experiments are of considerable interest and importance, and his conclusion may be correct; but we cannot think that it is adequately proven by the facts he adduces in its support.

MUCH, we had almost said everything, is left by the Artisans' Dwellings Act to medical officers of health. New duties are imposed upon them, a large responsibility rests with them, and it cannot be disguised that they must henceforth enjoy the most extended opportunities of urgent and useful work. That they will encounter serious opposition, and have to face difficulties and dangers hitherto unknown, in the discharge of their proper functions, is inevitable. The task entrusted to their care, and the confidence reposed in their public spirit and sagacity, will call for tact, wisdom, and, we fear, in not a few cases, self-sacrifice. It will conduce sensibly to success if, without delay, measures are taken to obtain a clear view and mastery of the new duties. The preamble of the Act (38 & 39 Vict., c. 36) states the need for legislation, and points to the objects which should be ever present to the medical officer, with significant perspicuity.

"Whereas various portions of many cities and boroughs are so built, and the buildings thereon are so densely inhabited, as to be highly injurious to the moral and physical welfare of the inhabitants; and whereas there are in such portions of cities and boroughs as aforesaid a great number of houses, courts, and alleys, which, by reason of the want of light, air, ventilation, or of proper conveniences, or from other causes, are unfit for human habitation, and fevers and diseases are constantly generated there, causing death or loss of health, not only in the courts and alleys, but also in other parts of such cities or boroughs," &c.

The area of reform, it will be seen, comprises not only the removal of constructional nuisances, but the elimination of all "other causes" "injurious to the moral and physical welfare of the inhabitants" of a district, and which make it a source of danger to "*other parts* of such cities and boroughs." It is important to bear this last point clearly in mind. The business of applying the remedy provided by the Act rests with the "Local Authority," subject to the supreme jurisdiction of the "Confirming Authority"; but the medical officer of health is himself the authority which must set the work of reform in motion. He is to make an "official representation" to the Local Authority "whenever he sees cause to make the same" (Sect. 4). It will, therefore, be the

duty of medical officers to search out and expose the sanitary conditions which lie at the root of epidemic and prevalent disease and impair the "moral and physical welfare" of the people. How much zeal and knowledge of sanitary affairs are indispensable for the efficient discharge of this onerous first duty it is not necessary to explain. Looking to the absolute requirements of the case, it is startling to find the Legislature has left the authorities to reward their officers "with what remuneration they think fit." After the medical officer has made his official representation, the Local Authority may pass "a resolution in favour of an improvement scheme," or they may fail to do this. In any case, a copy of the report of the medical officer is to be sent to the "Confirming Authority"—i. e., Her Majesty's Secretary of State for Home Affairs, for the metropolis, and the Local Government Board, elsewhere. The medical officer's report or representation is to state "the facts," and declare "whether, in his opinion, the area is an unhealthy area or not an unhealthy area for the purposes of this Act." These "purposes" are, as we have shown, set out broadly in the preamble; and by the evils and defects there indicated the medical opinion must be determined. Occasionally, no doubt, the Local Authority will neglect or decline to recommend a costly reconstruction, and the medical officer will then, practically, stand charged with the duties of a public prosecutor in the cause of moral and physical health. In this position he will be required to support his allegations "by such evidence as the Secretary of State or Local Government Board may from time to time require." It will save a world of trouble, and avoid the risk of failure and discredit, if medical officers at the outset take ample measures to complete the case on which their "representation" is based, and to collect the evidence by which it is to be supported. If a medical officer fails, or is supposed to fail, in his duty, two or more justices, or twelve ratepayers acting together, may "complain to him," and require his report on a particular area. If his report is questioned or disputed, or, indeed, in any case, an inquiry will be ordered by the Confirming Authority, and an officer, representing the latter, will be sent to the district to verify the correctness of the official representation made to the Local Authority, and to inquire into the sufficiency of the scheme provided for improving the area, and into any local objection to be made to such scheme. It does not appear that the medical officer is required to suggest a scheme of his own to the Local Authority. His representation is, by Section 3, defined to be a declaration "that any houses, courts, or alleys within a certain area under the jurisdiction of the Local Authority are unfit for human habitation, or that diseases indicating a generally low condition of health amongst the population have been from time to time prevalent in a certain area within the jurisdiction of the Local Authority, and that such prevalence may reasonably be attributed to the closeness, narrowness, and bad arrangement, or the bad condition of the streets and houses or groups of houses within such area, or to the want of light, air, ventilation, or proper conveniences, or to any other sanitary defect, or to one or more of such causes, and that the evils connected with such houses, courts, or alleys, and the sanitary defects in such area cannot be effectually remedied otherwise than by an improvement scheme for the rearrangement and reconstruction of the streets and houses within such area, or of some of such streets or houses." He is not required to say in what the rearrangement or reconstruction ought to consist, but he is required to discriminate between remediable and irremediable causes of unhealthiness, and in the process of making this clear the scheme will practically be evolved. We are not prepared, however, to recommend medical officers to wander beyond the limits of their duty, and it is probable that much personal difficulty and peril of unpleasantness will be spared if they are careful to avoid the espousal of particular plans in which special interests may be concerned or affected. The civil medical officer of health is not in the position of the military medical officer, who may be called upon to mark out the area of a new camp. He has simply, boldly, and scientifically to deal with the state of things which exists, with the immediate sanitary condition of the area and its remote consequences, and he will do wisely to confine his professional services within these bounds. The opinion of a medical officer as to what new works may be expedient or necessary should be pronounced *after* some scheme has been submitted to him by the Local or the Confirming Authority, not before. This is the more necessary, because, as regards the question of sanitary fitness and sufficiency, he will be called upon to act as adviser, and perhaps as witness. His opinion should, under no circumstances, be expressed upon a scheme unofficially laid before him, and to which he might unwittingly be made party.

Annotations.

"Ne quid nimis."

DISEASED CATTLE.

WE trust the Privy Council will not be induced to relax any regulation necessary to protect the public from the sale of diseased, or even possibly diseased, meat. There appears to be a combination of the importers of foreign cattle to force changes upon the Government which may be fraught with danger to the community. As a general principle, it must be maintained that an efficient quarantine is indispensable in the case of cattle coming from countries or ports recently infected, or known as the frequent centres of disease. It is also clear there can be no safety in allowing a herd, some members of which have exhibited symptoms of a malady, to enter the market without conclusive proof that it is not further contaminated. Whether it may be necessary at once to slaughter the whole cargo, or if it is even wise to resort to that summary measure, are questions which may fairly be discussed. Possibly a crucial test might be applied to the *bona fides* of an importer by allowing him to keep, if he will, the remainder of a herd, after the destruction of any affected animal, until such time as the proof of its health may be complete. If an importer were prepared, and preferred, to maintain his cattle in quarantine, under rigorous inspection, at his own cost, instead of having them slaughtered, it would go far to show that proper care had been exercised in their selection at the port of shipment, and to ensure the utmost precaution as to further imports. The public are primarily interested to secure healthy stock and fair prices. It is easy to understand that importers do not care to face the loss of value on a whole herd whenever

a single animal may be affected. To reconcile the interests of the dealer with those of the consumer it may be necessary to make some sacrifice, but the concession must not involve any weakening of the barriers by which we keep out disease. Our home breeders and graziers have already lost so heavily by the importation of diseased cattle that, at all costs, they must be protected. If an importer is sure that the great body of his herd is not infected, he will probably find it to his advantage to keep it for a sufficient period, after the elimination of any individual case of disease, to convince the authorities that it is perfectly healthy. If he entertains a doubt on the subject commercial prudence will prompt him to submit to the inevitable loss consequent on immediate slaughter. Beyond this concession, with safe conditions, the Privy Council should not be persuaded to go. It is no argument against maintaining proper restrictions upon the importation of cattle and sheep that our own herds and flocks are unfortunately affected. If we hope to stamp out the disease we must not only isolate infected districts within these islands, but rigorously protect the whole United Kingdom from the new poison threatening us from without. The circumstance of our being already infected increases the urgency of this last precaution, instead of diminishing it, as popular writers suppose and insist. Nor is it unreasonable to impose more stringent regulations on cattle imported from abroad, even from our own colonies, than on those brought from places within the United Kingdom, such as Ireland and Scotland. The condition of districts under our own immediate inspection is better known, and they can be more readily subjected to special restrictions than those over which we have no control and for which we are not directly responsible. It is much to be regretted that the obvious fallacies involved in these specious contentions should be overlooked by the press, albeit we may hope the authorities will not be misled or mischievously influenced by the idle sophistries urged in the interests of a particular mercantile venture and in strange indifference to the public health.

DISTRICT NURSING.

IN continuation of the Special Report on the National Nursing Association that appeared on the 14th inst., we have to notice an important Appendix, compiled by Miss Nightingale, on district nursing. The training for this work must be of a kind that does not and cannot exist in a hospital, and district training is essential after the year's hospital training. If this be not accomplished, and in a systematic way, the nurse does not really nurse, but degenerates into a giver. She very rarely sees, or receives directions from, the medical attendant, but on her own responsibility applies lotions and dressings, or administers beef-tea, &c. "She goes her own way." The district nurse should be taught, among other things, to do without the appliances found ready to hand in a hospital; but inasmuch as there is nothing, so to speak, to keep the district nurse up to the work, she requires "retempering" in the hospital at least three months every two years. It is proposed in connexion with the work of the National Association, that the district staff should be supervised by a lady superintendent, having head-quarters in the training school, which latter should be contiguous to the hospital. Where small district homes are established the superintendent should reside occasionally at each of these institutions, but the nurses should be selected, appointed, dismissed, and paid by the hospital superintendent or matron, to whom also the district superintendent should be responsible. In order to avoid the inevitable tendency to become "givers" rather than nurses, it is proposed to institute a system of checks or tickets, or what the French call "bons," which may be given when nourishment, bedding, &c., are seen to be urgently required, which may be presented and exchanged at the district home in the immediate neighbourhood. Miss Nightingale, in conclusion, says:—"On the whole, it would seem to require a higher class of woman to be a district nurse than even to be a hospital nurse. If the district nurse is merely an ordinary sort of woman, she does not find enough to do, except in epidemic times, when she is overwhelmed. There is not enough to do in healthy times to occupy an inferior class of woman; but how much too much to do in teaching the poor cleanliness, care of children, how to obtain fresh air, how to prevent disease, &c." The forms and rules used in the District Nursing Association at Liverpool are very favourably reviewed. It cannot be too emphatically insisted upon that the governing bodies of these associations, whether in metropolitan or urban districts, should learn accurately the extent of powers relating to health granted by the Acts to the various local boards. Medical officers of health, parochial surgeons, and sanitary inspectors may aid and be aided also in the performance of their own duties very materially by an interchange of information with the members of a staff such as this Association is endeavouring to supply.

CERTIFICATION BY UNQUALIFIED PERSONS.

AT Hammersmith, according to the report of *The Times*, Mr. William Camley Smith, of Allen-terrace, Kensington, was summoned, at the instance of the Kensington Board of Guardians, for falsely pretending to be a registered medical practitioner by signing a medical certificate under the Vaccination Act, to the effect that a certain child was not in a fit state to be successfully vaccinated. Mr. Draper, clerk to the board, attended in support of the summons; Mr. Claydon defended. Two certificates were produced. One purported to be signed by Percy Leslie, M.D., 1, Allen-terrace, Kensington, and the other bore the signature, W. C. Smith, *pro* Percy Leslie, M.D., both in the same handwriting, and relating to two children of different parents. Mr. C. Shattock, the officer appointed under the Vaccination Act, said that there was a brass plate bearing the defendant's name on the gate where he resided. At one time Dr. Leslie's name was on the gate, but it had been down for months. Since the proceedings had been taken another plate had been put up. Dr. Leslie resided in Westminster. Dr. Percy Leslie said he was duly registered. It was a common practice for unqualified practitioners to be employed in hospitals and by general practitioners. He had known the defendant for four years. He studied and lived with him in Westminster. The defendant removed to Kensington, and for a year he had ceased to be his assistant. Since the defendant had been in Kensington witness had been there very often. No doubt the defendant was constantly in the habit of signing certificates for him. There was no other alternative, as he could not always be at home. The witness further stated that he did not see the child Green on the day mentioned. The father was not his patient. Mr. Bridge said it was absurd to say that the defendant was Dr. Leslie's assistant. He came down to Kensington, put up a brass plate, and acted as a doctor. It was not a case of an assistant signing a certificate for his master. He fined the defendant £10, and ordered him to pay two guineas costs additional, with the alternative of two months' imprisonment.

It is to be hoped that the above case will serve as a warning both to unqualified persons and to practitioners who co-operate with and countenance them. It would take a lawyer to say what were the varying degrees of relationship between Mr. Smith and Dr. Percy Leslie at different

times. A letter elsewhere throws a little light on the subject. At one time they were so intimate that Dr. Leslie's name was on the defendant's brass plate. This had been discontinued, but from the evidence it would seem that there survived such a friendly understanding between him and Dr. Leslie, that the defendant was "constantly in the habit of signing certificates for Dr. Leslie." We agree with Mr. Bridge, that it is absurd to regard the defendant as Dr. Leslie's assistant. The distance, the perfectly distinct houses, the fact that the patients whose vaccination was formally certified by the use of Dr. Leslie's name had not been seen by Dr. Leslie, and the removal of his name from the brass plate, all make this theory untenable. We have always maintained that to put an unqualified assistant in a separate house, and at a distance, is an unjustifiable use of an unqualified assistant. To give him the use of one's name, even for the inevitable difficulty of certification, is not only unjustifiable but illegal. It is an attempt to put a man into practice without the qualifications required by the law, for which other men have to labour hard and pay much. It is unjust both to the public, who are misled, and to the profession, which has always little enough protection at the hands of the law. The case of Mr. William Camley Smith shows that such a system is not only illegal but costly, and we may hope for its entire discontinuance.

THE DUTY OF TAKING HOLIDAY.

THE medical profession is a hardworking one. We "spurn delights and live laborious days" to a greater extent probably than any other men. And what is worst of all, we have often to follow up laborious days with equally laborious nights. Large portions of our time have often to be spent in attendance on patients who live in close rooms and in all sorts of unhealthy conditions. Yet, notwithstanding—perhaps partly in consequence of—all these peculiarities in our lot, we have, of all men probably, the least adequate idea of the necessity of a break in the monotony of our accustomed toil. We lately met a respected and still active member of our profession who said he had not spent two nights out of the town in which he practises for forty years excepting the time when he had the typhoid fever. Fancy forty years of country practice with no memory of a holiday but what is involved in having typhoid fever! There is much in such devotion to work to be greatly admired, and that is worthy of study in a time when younger men seem to think that half their life is to be given up to pleasure, or, as it is called, recreation—so much that we can scarcely find it in our hearts to blame it or to say that it should have been otherwise. Yet we think that life was not meant to be so full of labour as this. Doubtless it is possible to some men even at home and in harness to get such changes of occupation as give the sense of rest. But to most men holiday is only possible away from home and out of harness. Their tendency to work is so strong that they will work unless entirely removed from the sphere of work. Besides, the essence of a holiday, especially of a medical man's holiday, is irresponsibility—the feeling that nobody's life or health is depending on his action. It matters comparatively little where we go or what we do, so that we get somewhere—anywhere—out of the world of surrounding work into some solitude or some society where our calling will not be suspected and we shall be treated as useless functionless people. The medical man's holiday has this advantage, too, that it takes him away from the region of sickness and its associations. Though our familiarity with disease and the frequency with which it succumbs to our "lenient arts" make us to be less painfully affected by it than otherwise, there is still something grave and depressing in our work from which it is well to escape for a time. On all these grounds we urge our readers to remember, amongst other duties, the duty of taking a holiday. The winter was long and arduous; serious disease was prolonged far into the summer, and allowed medical men but scanty leisure. We should act on the advice we are so fond of giving—take a holiday. No doubt there are little difficulties in the way, but they can be overcome. Let us trust a little more to the magnanimity of our patients and the friendly kindness of our professional brethren. Let us also do all we can to smooth the way for our neighbour's holiday and to make it pleasant, so that winter may find us all with renewed powers, with fresh interest in our work, and with pleasant reminiscences of our own holiday and that of our brethren. Equal to the pleasure of getting a holiday is that of helping some hard-worked neighbour to get one.

CHEMISTS' PRESCRIBING.

WE think the public should feel grateful to Dr. Diplock for lately directing attention to the evils of chemists' prescribing, and for enforcing his remarks by several illustrations of the absurd mistakes made by chemists who thus misunderstand their duties. He had known a mustard plaster ordered to the chest for the good of a fractured skull, and chalk-mixture prescribed for effusion on the brain. It is becoming quite common for chemists to go on prescribing for cases until they become serious, or until evidences of impecuniosity on the part of the patient appear. Perhaps the best remedy for this is the publicity of cases of the kind which called forth Dr. Diplock's remarks. In this case the little child was under the care of a local chemist, a medical man being called in only to find the patient dying of inflammation of the lungs. It is clearly right in such circumstances to withhold certificates. The action of the chemist should be investigated and exposed, and it can only be so satisfactorily by a jury. It is fair to assume that life might have been saved by early application to medical men; and for preventing this and possibly maltreating the case, the facts should be fully brought to light. There is the more reasonableness in medical men refusing to shield chemists who act the part of doctors, that medical advice and even medicines are now within the easy reach of all classes.

FALLACIES OF FIGURES.

WE are each year becoming more statistical, and at the close of the Parliamentary session thoughtful people are especially prone to practise the virtue of faith in figures. There is no virtue which more easily runs into a vice. The false estimates formed of local healthfulness from mere numerical returns of local health, or of the public progress in morals and sobriety from the report of "drunk and disorderly persons arrested by the police," are gross instances of the folly of trusting wholly to figures. It needs no very acute reasoning to discover that if any locality enjoys so high a reputation for salubrity that numbers of sick people flock to it, diseases prevalent in the neighbourhood are likely to be numerous, and the death-rate will probably be large. In the same way the circumstance that only 26,155 "drunk and disorderly" cases have come under the official notice of police inspectors during the past year, as against 29,755 in the year before last, may be as easily accounted for by the possibility that the police fail, from some cause, to arrest so many persons falling under this technical description, as on the presumption that there are not so many cases of the kind to be arrested. There are, however, other and less apparent sources of fallacy to which the attention of social philosophers may be usefully directed. For example, although only 120 bakers have been proceeded

against within the last year for commission of the "smoke nuisance," that may proceed from compliance with the wishes of inspectors in the matter of adopting specially recommended apparatus quite as much as from increased compliance with the law. We do not say this hypothetical explanation is the true one, but there clearly ought to be no room for question. It is of the last importance just now to see that all inspectorial work is discharged vigorously and impartially, with a single eye to the public advantage. If Acts conducing to the general health, comfort, and convenience are to be worked efficiently, they must be carried out in their integrity by an agency which is official and nothing more. It will sensibly help to bring about the reforms we so much desire if the reports of our administrative authorities are closely and carefully studied, but it is not enough to take the figures as they stand. Every possible error and misconception must be eliminated from the judgment deduced, and this requires a rigorous search for the fallacies with which almost every return of the kind abounds, and which being disregarded will too certainly mar its value.

THE CLINICAL THERMOSCOPE.

AN ingenious instrument for detecting variations in the temperature of the surface of the body has been invented by Dr. Edward Seguin, of New York. It is, as he describes it, "intended as a quicker and more delicate test of differential temperatures than the thermometer, and less to give the degrees of heat than the velocity of its radiation." It consists in a glass tube seven inches in length, and with a bore of one quarter of a line, closed at one end by a bulb nine lines in diameter, and open at the other end by slight enlargement of the tube. To prepare it for use the air in the instrument is rarefied by immersion of the bulb in hot water, and, this being effected, the open mouth of the tube is plunged an inch deep into cold water, and then quickly withdrawn. A "water-index" is thus formed, the only difficulty being that the air may not have been sufficiently heated or else overheated, so that the index either does not reach the bulb or else falls into it. A sliding scale of inches or centimetres is applied to the tube, so that its lowest figure corresponds to the level of the head of the index. Dr. Seguin claims for this little and simple instrument considerable value in detecting the amount of radiation from the surface of the body, and gives two instances in which he had found it of service, in the one in detecting local inflammation in the hypogastric region in a case at first mistaken for typhoid, and in the other in diagnosing fracture of the base of the skull. In the latter case the temperature in the axilla was 98·5° F., and the index of the thermoscope rising in the hand, axilla, and elsewhere, fell rapidly in the inner angle of the orbit. He also speaks of his thermoscope as being the best means to be employed for the proof of death, as evidenced by the index remaining stationary when applied to the body. Dr. Seguin calls the clinical thermoscope "an instrument of diagnosis in physic and surgery, a monitor in the nursery, a test in the physiological laboratory, also a necrometer in the dead chamber."

POOR-LAW MEDICAL RELIEF IN SCOTLAND.

DR. JOSEPH ROGERS, Ex-President of the Poor-law Medical Officers' Association of England, read a most important paper at the recent meeting in Edinburgh "On the Anomalies and Deficiencies of Poor-law Medical Relief in Scotland." He shows the absurd want of appreciation of medical service for the poor which obtains in that religious portion of the kingdom, and the inequality in the provision for such services in different parishes. Take New Deer and Old Deer in Aberdeenshire. New Deer had a population in 1871 of 4853, of which number 152 were registered poor and their dependants, 50 were casual poor and their dependants, and 7 lunatics. Medical relief cost £30, medicines being found by the medical officer. The total gross relief amounted to £803 9*s.* 2*d.* Of this number of paupers 7 died or were otherwise got rid of in the course of the year. Old Deer had a population in 1871 of 5085; there were 257 registered poor and dependants, 94 casual poor and dependants, and 24 lunatics. Of this number 30 died or otherwise disappeared. The total poor relief was £1624. Although the population, pauperism, gross relief, sickness, and mortality were so much greater than in New Deer, the stipend out of which everything had to be found was only £9 10*s.* 1*d.* more than in New Deer. A striking instance of the disparity between Scotland and Ireland, as regards the provision of medical relief, is shown by comparing the case of Aberdeen, with a population of 47,077, and the medical relief costing £246 6*s.* 10*d.*, and that of Dungannon, with a population of 45,990, and medical relief costing £1069. In Aberdeen the whole cost for poor relief is nearly three times what it is in Dungannon—that is, £12,512 16*s.*, instead of £4587. In the parish of Bourtie they give the medical gentleman a guinea a year as a retaining fee, and for every pauper he attends just according to what he may charge, or what may be considered a reasonable compensation. The population is 499. In 1869, the total cost of medical relief was £1 11*s.* 10*d.*; the total of paupers and dependants was 25, of whom 2 died. Fancy a medical man being required to attend 25 paupers for a year, 2 of them in fatal illnesses, for £1 11*s.* 10*d.*, including, we presume, the retaining fee. No wonder that Dr. Rogers finds ample illustration of his proposition, that inadequate medical relief always coincides with excessive pauperism and an excessive death-rate. Dr. Rogers has partially exposed a most unsatisfactory and discreditable system—bad for the poor and for the ratepayers, and very bad for medical men. It will be the fault of the Poor-law medical officers in Scotland if the exposure is not completed, and a remedy provided.

UNQUALIFIED ASSISTANCE.

AN inquest was held the other day in the neighbourhood of Durham, on the body of an agricultural labourer who died suddenly in the course of an acute illness, apparently rheumatic fever, he having been attended only by the unqualified son of an unqualified practitioner in the neighbourhood. Vomiting preceded death, but there was nothing, in the opinion of a surgeon who saw him just after he died, which might not be accounted for by the cardiac failure not uncommon in cases of acute rheumatism. An inquest was rightly called for, and a verdict was returned, founded on the opinion of the surgeon who listened to the evidence, that the deceased died from inflammation of the covering of the heart. It is a case, however, in which there certainly should have been a post-mortem examination. None was made, apparently because it would have been necessary to do it by candle-light, and the opinion was expressed by the surgeon to whom the examination was entrusted, that "it was not advisable to make a post-mortem by candle-light." An examination by candle-light is much better than no examination at all. When pericarditis, the supposed cause of death, is sufficiently intense to lead to a fatal issue, its pathological appearances are usually obvious enough. The extent to which the poor are still under the care of unqualified practitioners is much to be regretted. No doubt there are some good and well-informed practitioners who possess no qualifications, but the sick have no guarantee against the grossest ignorance, and often no choice but to

commit themselves to the care of absolute incompetence. In this instance the "medical student" in charge of the case appears, from the report of the inquest, to have had no conception of the fact that the gravest complications may arise and lead to sudden death in the mildest case of rheumatic fever, and apparently judged of the state of the heart only by feeling the pulse.

DRUGGISTS AND THE NORWOOD POISONING CASE.

IT would be premature to comment on the remarkable facts which constitute what is known in the papers as the Norwood poisoning case. One incident in the case, however, may be noted without prejudice to the prisoner, as it illustrates an evil to which we have referred elsewhere, and which has lately been commented on by a metropolitan coroner. We refer to the prescribing practices of druggists, and the way in which they administer over their counters the strongest medicines. It is true that both the chemists examined on Tuesday as having been asked by the prisoner for strychnine were able to say that they had refused it. So far so good. But one of them, Mr. Windle, of Thomas-terrace, Lower Norwood, seemed to admit in his evidence that he had supplied the prisoner with two draughts containing nux vomica. We protest against such practices on the part of druggists. Notwithstanding the law against the sale of poisons, it is evidently possible for a person to go about from one chemist to another to get doses, perhaps fatal ones when multiplied, of deadly drugs. There is no excuse for such conduct, and the sooner it is made illegal, if it is not so already, the better in the interest of the public.

A NOVEL (!) VIEW OF TYPHOID FEVER.

WE have received a pamphlet by Dr. Morton, of Sydney, which purports to contain certain novel views as to the etiology of typhoid fever. The pamphlet is a peculiar one. It has the merit of brevity, and in great part consists of extracts from the writings of standard authors on the continued fevers, by which the pamphleteer endeavours to show that all the forms of fever, "febricula," "relapsing," "typhoid," and "typhus," are identical. Thus does he calmly assume that the labours of Jenner and Stewart are of no value. By no means a novel view this, but rather a reversion to the old days of incomplete clinical and pathological observation. The reason assigned by Dr. Morton for identity is that in all these diseases there is found after death fluidity of blood and congestion of internal organs. The rest of the pamphlet contains a statement of the writer's belief that typhoid fever is due to the absorption of gases from the alimentary canal of the patient, and on this he bases his treatment, upon which we need not dwell. In fact, we have already dwelt longer than necessary on this last contribution from the colonies. Happily all our brethren at the antipodes do not embrace the "novel" views of Dr. Morton.

HYDATID CYST OF THE LIVER.

THESE cases are very frequently seen in hospital practice, and generally yield to treatment, especially when tapping is had recourse to. In most instances such tapping is innocuous, but it should be remembered that sudden death may occur after this operation. This misfortune lately happened to M. Martineau, at the Lariboisière Hospital of Paris. The patient was thirty-one years of age, and presented at the epigastrium an indolent, dull-sounding tumour, with all the symptoms of a hydatid cyst. Tapping was resorted to with a capillary trocar. Very little clear fluid was obtained, and on removing the trocar it was found obstructed by a shred of membrane. The patient in the meantime turned pale and faint; he vomited some wine, and threw up much white mucus from the bronchi. In twenty minutes, in spite of the most active means, he breathed his last. Two cysts, the size of fists, were found on the under surface of the liver, one under the right, the other under the left lobe. No peritonitis. M. Martineau considers that the fatal issue was owing to reflex paralysis of the pneumogastric.

A fact worthy of note is the assertion of M. Guyot, made at the meeting of the Medical Society of the Hospitals of Paris, where this case was read, that he had been acquainted with seven or eight cases of death within twenty-four hours after tapping of the liver. Although many cases have been mentioned where, not hydatid cysts, but the liver itself was punctured without evil consequences, we should bear in mind the possibility of untoward results in this operation.

THE CORONER FOR CENTRAL MIDDLESEX.

DR. HARDWICKE is attempting to perform the difficult feat of serving two masters. He was elected a few months ago triumphantly, if not in spite of the Middlesex magistrates, at any rate in support of the principle that inquests should be made real by an actual ascertainment of the cause of death in doubtful or suspicious cases. During his candidature he intimated his intention to follow in the steps of his predecessor and of Mr. Wakley, who by judicious use of the power of ordering post-mortem examinations to be made, elucidated whole classes of otherwise mysterious deaths, and thus exposed sometimes carelessness and sometimes crime. No sooner was Dr. Hardwicke duly and most victoriously elected to continue the work of such predecessors, than he intimated his determination to consult, much more than his predecessors, the views of the Middlesex magistrates. And now he has his reward. Captain Morley is quite eloquent and happy over the reduction in Dr. Hardwicke's accounts — "less by £112 10s. 6d. than Dr. Lankester's, and the post-mortem examinations less by forty-two." All we shall say is, that the reputation attaching throughout the country to the coronership of Middlesex is associated with a regard, not to pounds, shillings, and pence, but to the value of human life and of any investigations which may show how it is lost or wasted.

THE HEALTH CLASS OF THE MIDLAND INSTITUTE.

THE Council of the Midland Institute has again invited Dr. Richardson to deliver the inaugural lecture. The invitation has been accepted, and the lecture, which will be delivered on Monday, September 13th, at 8 P.M., in the Masonic Hall, Birmingham, will be on the subject of "Tobacco in relation to Health." Last year the "introductory" was on Alcohol, and many thousands of the published abstract of it were sold.

The course will, as heretofore, be continued by Professor Corfield, whose labours in previous sessions have been eminently rewarded in the results obtained by his pupils. The name of the usefully liberal founder of these Health classes remains still unknown.

HOSPITAL MORTALITY.

THE Statistical Society has chosen, as the topic of its prize essay next year, the subject of hospital mortality. The question is undoubtedly one of the highest importance, and a careful and unbiased analysis of the facts and statistics at present available upon the subject cannot fail to be instructive. We are not very sanguine, however, that the

question can be settled by statistics. One term of the comparison on which all depends may be ascertained with something like accuracy and completeness; the history of the grave occasional epidemics of disease with which hospitals are visited, and which no one disputes, may be detailed with effect; but the other term, the statistics of private practice, cannot be ascertained on a scale sufficiently extensive and reliable to make a statistical comparison of much value.

A NEW PROCESS OF STAINING TISSUES.

THE well-known histologist, M. Cornil, has recently introduced "violet of methylaniline" as a reagent for staining tissues in microscopical research. Its merit lies in the separation of its constituents into red and blue, each of which has affinities for different parts of the tissue. This is especially well seen when applied to organs in a state of lardaceous degeneration, the lardaceous parts taking a red tint, the normal a blue. By this method M. Cornil has ascertained that the first seat of the lardaceous process is in the interior of the small arteries, the endothelium of which, as well as the outer and middle coats, remaining intact for a considerable time. The objection to the process, which will certainly militate against its general adoption, lies in the fact that the colouration disappears in preparations mounted in the ordinary media, as glycerine, Canada balsam, &c.

THE SWIM ACROSS THE CHANNEL.

CAPTAIN WEBB has accomplished the great task which he had set himself without any rhodomontade or flourish of trumpets. The qualities requisite for such an unprecedented feat distinguish Webb as a phenomenally powerful man. The courage, endurance, and physical strength displayed will henceforth, no doubt, serve as an illustration of the amount of strain the human frame is capable of sustaining. It was to be expected that he would have shown some signs of exhaustion at the finish, but it does not appear that he is any the worse for his perilous trip. We understand that it is contemplated to present Webb with a practical expression of that admiration which plucky deeds never fail to arouse among Englishmen. If, as we are informed, he is the son of a medical man, the profession might well assist in rewarding the brave fellow.

THE PHARMACEUTICAL CONFERENCE.

THE Pharmaceutical Association of Great Britain held their twelfth annual conference at Bristol this week. Proceedings were commenced on Tuesday by the delivery of an excellent address by the President, Mr. T. B. Groves, who congratulated the members on meeting once more at the same time and place as the British Association. The address touched on all the points of interest which have claimed the attention of chemists and druggists during the past year. We are glad that the meeting has proved such a successful one. The Association now numbers over 3000 members, and is a powerful and respected body.

ETHER v. CHLOROFORM.

Apropos of the recent discussion on this subject, we find in the last annual report on the Marine Hospital Service of the United States, that, in operations requiring the use of anæsthetics, the relative frequency of the employment of chloroform was 52 per cent., of ether 35 per cent., and of chloroform and ether combined 13 per cent. So that, in spite of what has been recorded, ether is by no means exclusively used as an anæsthetic in the United States of America.

DR. MOUAT and Mr. Henley, Poor-law inspectors, recently held an inquiry regarding a complaint made by the Wimbledon Local Board, that certain paupers suffering from scarlet fever were discharged from the Kingston Workhouse before the danger of infection was over. The Local Government Board have now addressed a letter to the Kingston guardians, stating that the complaint of the local authority has been established. The medical officer is blamed for laxity of supervision, and is admonished to be more vigilant in the future. We would here caution medical officers of union houses against permitting scarlet fever patients to leave the institution until the desquamating stage of the disease is over.

IT is well known that a large number of the Rifle Volunteers were formed into "provisional battalions" to take part in the recent military manœuvres at Aldershot. Presumably all the men were of a stamina and training somewhat above the average of their brethren, so it will perhaps surprise many who have an exaggerated faith in the Volunteer force to learn that a great number of them suffered very severely from exposure to the sun and from the by no means excessive marching which they underwent. Swollen faces and sore eyes might be seen in the ranks, while a few ingenious men wore paper masks to protect themselves from the sun.

THE *Metropolitan* states that several cases of enteric fever have occurred lately among men exposed to sewer-gas. It may be remembered that some time back the Metropolitan Board of Works issued circulars to all the parishes in London, asking for a return of any cases of zymotic disease amongst workmen employed in the sewers. We have no doubt that patient and systematic investigation in this direction would reward anyone with the necessary time at his disposal, and result in the collection of valuable data.

THE remains of Mr. A. W. Gage, surgeon, who had been a Volunteer medical officer since the year 1860, were interred in Paddington cemetery on Saturday last, in the presence of about 400 members of his regiment (the 36th Middlesex Rifles), who accompanied the funeral *cortège* from the deceased gentleman's house in St. John's-wood. Such a demonstration is gratifying to the profession generally, and must be a source of consolation—albeit mournful—to Mr. Gage's friends.

IN London 1453 deaths were registered last week, including 1 from small-pox, 27 from measles, 59 from scarlet fever, 9 from diphtheria, 68 from whooping-cough, 18 from different forms of fever, and 181 from diarrhœa. Different forms of violence caused 64 deaths. The Asylum District Fever and Small-pox Hospitals at Homerton and Stockwell contained 235 patients on the 21st inst., of whom 168 were under treatment for scarlet fever.

WE last week recorded in our "Obituary" column an instance of longevity. It related to the decease of Mr. James Snow, of Atherstone-place, Lincoln (Member 1802, Fellow 1844, Royal Coll. Surg. Eng.), in his ninety-fifth year. Mr. Snow was also a Justice of the Peace for Lincoln. The attainment of such an age in the profession, if not without precedent, is, to say the least, exceptional.

IT appears that the ship reported in THE LANCET as having arrived at San Francisco with a scurvy-stricken crew belongs to North Germany. An official inquiry was ordered last week as to an outbreak of scurvy that occurred on board a British vessel on the passage from Lagos to London.

THE horses of the London General Omnibus Company are suffering from a strange and fatal malady. The disease appeared first among the horses employed in the Paddington district. It has been stated that in one stable alone twenty valuable animals lay dead on the same day, while at present there are over 200 affected. So far no explanation whatever has been given of the cause of the outbreak. A thorough inquiry into the whole matter should be made by experienced veterinary surgeons, and we might mention the name of Mr. G. Fleming as a gentleman whose services might prove valuable.

WE publish this week an obituary notice of the late Dr. Toler Maunsell, of Dublin. The deceased gentleman was an indefatigable and successful advocate of the claims of the Irish Poor-law medical service, which body of men may now well show in some manner their sense of indebtedness to him, and record in a practical manner the estimation in which he was held. Dr. Maunsell was for some time the Dublin correspondent of THE LANCET, and many of his letters dealing with the cause with which he had so long associated himself will now recur to our readers.

SANITARY NOTES AND REPORTS.

MR. ALEX. WINTER BLYTH, medical officer of health to the Okehampton Rural Sanitary Authority, has recently presented an annual report to his committee, which is chiefly noteworthy as containing some interesting particulars in connexion with epidemic pneumonia. This disease has been specially prevalent and very fatal in the Okehampton district, and the evidence adduced by Mr. Blyth goes to prove that the disease was in these cases undoubtedly infectious. Dr. Christian Budd reminds the author that he (Dr. Budd) many years ago recognised pneumonia as a blood disorder capable of being propagated by contagion. As one means of preventing this, Dr. Budd has always systematically disinfected the sputa, and relied also very much upon isolation and free ventilation, keeping bedroom windows open all the night. It is well that the attention of health officers should be directed to this subject, because it appears to have attracted little notice beyond the limits of the south-western counties. The report above quoted records nothing about water-supply, hospital accommodation, vaccination, and other subjects included in the routine work of a medical officer of health. It is right that the sanitary authority should be furnished with such particulars and short practical deductions drawn therefrom. These are even more important than a popular description of epidemic diseases.

Mr. Haviland, in presenting a special report to the Urban Sanitary Authority of Northampton for the years 1873–4, is able to offer congratulations on a decline in the average percentage of mortality. Deaths of children were exceptionally high in this town during the ten years 1861–70, those due to diarrhœa amounting to 10·9 per 1000, or nearly double the percentage for England and Wales. Small-pox was 2·4 per 1000 in excess, scarlet fever 2·6 in excess, measles 2 in excess, and diseases of the respiratory organs (including phthisis) 1·9 in excess, as compared with the whole country. During the years under consideration, the mortality has, as was remarked above, lessened considerably, and is accounted for by the fact "that during these later years the Northampton Water Company's deep well of 163 feet in the marlstone has supplied water to the inhabitants instead of the shallow wells, which for ages had frequently become polluted by their close proximity, in the porous ironstone, to filthy receptacles of sewage of every description." All supplies from superficial sources are now cut off, and during the past two years the mortality of Northampton from the seven principal zymotic diseases has, as compared with the preceding periods above quoted, declined considerably, the borough death-rate being below the average English death-rate, and considerably below the average for town districts. These records as to Northampton are specially noteworthy, as showing conclusively the important influences exercised by a good water-supply.

The second Report on the sanitary condition of certain districts in Oxfordshire, prepared by Dr. Gilbert W. Child, medical officer of health, has recently been issued. The author commences by recording that "sanitary statistics, as we are at present able to obtain them, are utterly useless for every scientific purpose, and, indeed, not only useless but misleading." Scarlatina and diphtheria, typhoid and diarrhœa, are mixed up together. "Slow fever," "general break-up," and "diuresis," are among the causes of death found in registers. The statement that a man died of "erysipelas (fourteen days), typhoid fever and exhaustion (seven days)," is somewhat puzzling; as also "diabetes, typhoid fever (fourteen days)," where no history of typhoid could in either case be obtained. The importance of obtaining early information as to the existence of epidemics is strongly insisted upon, and the author thinks that a legal obligation should be laid upon every householder to give notice within forty-eight hours of the occurrence of any case of infectious disease within his house. (This plan, by the way, is adopted, and very successfully, in Holland, and the house is then, as it were, quarantined, by placing a conspicuous card in the window.) Dr. Child inveighs against the practice of ventilating sewers by openings into the streets at the road level, conspicuous examples of which exist, as he says, at Oxford. It is argued, therefore, that a well-laid, open street gutter is, after all, in country villages, the best system of drainage "which our present knowledge enables us to devise." The Report, which is admirably compiled and unexceptionably got up, contains a variety of information and discursive matter well worthy the attention of urban and rural officers of health.

Correspondence.

"Audi alteram partem."

CHLOROFORM OR ETHER.

To the Editor of THE LANCET.

SIR,—The statement contained in Dr. Hodges's letter, published in THE LANCET of the 14th inst., to the effect that in March last I had abandoned ether as an anæsthetic, in consequence of having lost several patients from its use, requires to be modified.

It is true that at the time mentioned I had discontinued the employment of ether, my reasons being mainly as follows:—(1st) In my own practice I had observed in several instances after its use a bronchial attack extending over a variable number of days, which may, perhaps, be best described as one of suffocative catarrh; (2nd) my colleague, Mr. Wheelhouse, informed me that he, too, had met with similar effects, and that ONE patient under his care had died of acute bronchitis; and (3rd) in a few instances the administration of ether had been followed by violent maniacal excitement. One patient, upon whom an operation for strangulated hernia had been performed, in his frenzy tore the wound open and dragged out a large loop of intestine. Thus, because my comparatively small experience of ether had afforded such unfavourable testimony, I deemed it prudent to wait for further information, and meanwhile to fall back upon chloroform, from which in nearly twenty years I have met with but one death.

In administering ether our chief object had always been carefully to prevent any dilution of the vapour with air. The apparatus we used was a large sponge covered, except at its mouth, with impermeable cloth. Two or three ounces of ether having been poured into the hollow, the sponge was forcibly pressed over the nose and mouth of the patient, and there retained, with a momentary removal only when the ether required to be renewed until anæsthesia was complete.

After an interval of a few months we are now again using ether, but, by simply pouring it upon a folded towel held closely over the nose and mouth, air is admitted along with the vapour. As yet it is too early to speak of results. Two cases within the last few weeks have given me uneasiness.

On the 1st of this month I was asked by Dr. Allbutt and Mr. Holmes to perform lumbar colotomy upon a patient whom they were jointly attending. Ether was administered by Mr. M'Gill. Nothing could be more satisfactory than the patient's condition during the operation. As soon, however, as sensibility returned a sense of suffocation overpowered all other feelings, and it was not until the third or fourth day after operation that our anxiety on account of his breathing was removed. Even now, at the end of three weeks, he complains of wheezing and cough. Prior to the operation he had been absolutely free from all chest symptoms.

The other case, though perhaps open to exception, is worthy of mention. On the night of the 13th inst. I removed, at the Leeds Infirmary, an extra-uterine fœtus at about the eighth month, by abdominal section, the mother being under the influence of ether. The child, whose movements had previously been of the most lively order, was readily extracted, and separated in the usual manner. The mother did not suffer in any untoward way from the effect of the ether. The baby, well-formed and vigorous, had a desperate struggle for existence, extending over fully an hour, in consequence of imperfect respiration. Mr. Hey has since suggested that the ether was probably responsible for this, and I think the suggestion a reasonable one.

Notwithstanding these somewhat unfavourable beginnings, it is my intention, in deference to the experience of others, to give ether an extended and careful trial. As yet I am not prepared to say more than that I am not convinced of the superiority of ether over chloroform. I will only add that, after a large experience of its use, I entertain a great respect for chloroform, which has been in no wise lessened by the recent indiscreet utterance regarding it.

Although, unhappily, many deaths have occurred, some of which, indeed, have been as unavoidable as they were unforeseen, I am fully convinced that if proper care and competent knowledge be brought to bear in every case in which chloroform is given, fatal consequences will be few and far between.

I am, Sir, your obedient servant,

Leeds, August 24th, 1875. T. R. JESSOP.

To the Editor of THE LANCET.

SIR,—I trust that, in any future comprehensive estimate of the dangers of chloroform inhalation, the mode of its administration will be appended to the actual number of fatal cases. It will be interesting to know how far experience bears out Mr. Pollock's confident denunciation of the "rough and ready method," and the great comparative safety of certain special modes of procedure. For my own part, I am thoroughly convinced of the practical truth of Mr. Syme's teaching in this important department of surgery, and should always prefer to give chloroform very freely by means of towel or handkerchief, to press the inhalation boldly during the stage of violence, and to look specially to interference with respiration as the leading cause of danger. However retrograde these views may be considered in many quarters, they are amply borne out by Edinburgh experience, which can point to by far the most extended and satisfactory use of chloroform anæsthesia with which we are acquainted. Without in any way wishing to deny the admirable skill and tact possessed by Mr. Clover, I may venture to remind visitors to the Royal Infirmary of Edinburgh of the way in which chloroform is there given with great freedom by house-surgeons and dressers—who have in no measure devoted themselves specially to the subject; and the safety of its use there, as well as all over Scotland, can hardly be denied. Herein then lies one advantage of chloroform, that whilst its use may be entrusted to competent professional men who are not specially instructed in its administration, ether requires to be given by practised hands before efficiency can be secured and discomfort avoided.

You, Sir, are doing good service by endeavouring to check the somewhat dogmatic assertions of those who preach the absolute safety of ether. Experience is not sufficiently extended either to settle this point or the relative advantages of one anæsthetic over another; still less desirable would it be to encourage at this stage of the proceedings any attempt at interference on the part of superficially instructed public opinion.

Let us remember the remarkable way in which safety seems to attend the early history of any anæsthetic agent, of the vaunted immunity from danger of bichloride of methylene which experience has failed to confirm, of the remarkably few deaths which attended the first few years of chloroform. Ether, in our own country at least, has not yet emerged from this period, and American experience can hardly fail to be tinged with the prejudice of controversy; and, although Mr. Carter's friends have been so unfortunate in their practice, I may refer to the recorded experience of two surgeons of probably equal eminence, Professor Syme and Professor Gross, the former of whom caused the administration of chloroform in nearly 4000 cases, and the latter in 6000 cases, without inconvenient result.

I am, Sir, your obedient servant,

ROBERT FARQUHARSON, M.D.

Pinzean, Aboyne, Aberdeenshire, Aug. 1875.

To the Editor of THE LANCET.

SIR,—You will no doubt permit me to supplement your valuable remarks on the relative merits of ether and chloroform with a few further particulars, derived from personal knowledge, of the experiences of the late Mr. Robinson on this important question. You do not appear to be aware of the fact that a second death occurred from the administration of ether in Mr. Robinson's practice, and to this I attribute his relinquishment of it almost immediately on the introduction of chloroform. If my memory serves me rightly, it was about the beginning of the year 1850 that a middle-aged gentleman called upon Mr. Robinson one morning for the purpose of having a tooth extracted without pain. Ether was administered with an inhaler in his usual operating chair, and in the presence of an assistant. The patient was soon apparently under its influence, but just as Mr. Robinson was on the point of applying the forceps the under jaw dropped, and a deadly pallor came over the face. The gentleman was quickly removed to the floor, and the servants sent off for assistance. I, being then a next-door neighbour, was quickly on the spot, soon to be followed by the late Dr. Booth, also a neighbour. Every effort was made to restore animation, but without effect.

The death of this patient gave a great shock to my friend Mr. Robinson, who determined from that moment never again to administer ether or any other anæsthetic to a patient, except in the presence of a member of the profession. He also at once set himself to work to determine the relative merits of ether and chloroform, and, in conjunction with Dr. Booth and myself, a large number of experiments were tried on dogs, cats, rats, &c. Ultimately the conclusion was arrived at—so far as the lower animals could be taken as a safe guide and test—that chloroform was by far the safer anæsthetic of the two. The precise statistics of deaths I am at this period of time unable to furnish, but since then I have largely employed and administered chloroform as well as bichloride of methylene in eye operations on the most tender infants and adults of all ages, some exceeding fourscore years, without a single fatal result.

I remain, Sir, your most obedient servant,

Bedford-square, Aug. 17th, 1875. JABEZ HOGG.

To the Editor of THE LANCET.

SIR,—I have watched with considerable interest the controversy which has lately been going on in the columns of THE LANCET (and other journals) on the subject of anæsthetics.

I have, during the last two years and a half, had a somewhat considerable experience in the use of such agents. I usually perform from ten to twenty or more capital operations on the eye per week. For a large majority of these an anæsthetic is given. The administrator is always one of my dressers, who, as a rule, has had little or no previous experience in producing anæsthesia. I therefore have to take whatever responsibility there may be upon myself, and, as you may suppose, it has been my aim to find a safe and effectual agent.

I have, with the exception of nitrous oxide gas, tried all

the anæsthetics that have ever come generally into use. These include chloroform, bichloride of methylene, methylene ether, ether, and a mixture of chloroform, alcohol, and ether. My experience has brought me to the conclusion that none are, or even approach to being, *absolutely* safe. Moreover, I do not see how any agent that at first partially asphyxiates a person, then renders him violent, and finally places him in a comatose condition, can be administered without some spice of danger.

I have seen patients apparently on the verge of dissolution from each of the anæsthetics I have mentioned, but only once has it been my lot to have one die under my hands. The anæsthetic used in this case was called methylene ether, but I believe its composition is somewhat doubtful. The patient was a fine young woman, aged twenty-eight. She suffered from exophthalmic goitre. The operation contemplated was for the diminution of the palpebral aperture in each eye; its object to prevent exposure of the corneæ, as the eyes were so prominent that they could not be kept closed except by an effort. The operation had been completed on one side, and was about to be commenced on the other, when the patient died as suddenly as if shot. The usual restorative measures were resorted to with the usual result. A post-mortem examination revealed (with the exception of enlargement of the thyroid gland) no disease whatever.

This case was the twenty-second that had taken the same anæsthetic on the same day, and in no other had any alarming symptoms occurred. Now, why some persons die from anæsthetics I do not know; that anyone may be killed by any of them I do not doubt; but I feel certain that there is in some an "idiosyncrasy" rendering them incapable of taking anæsthetics with safety. I believe that had my patient taken the reputedly harmless ether, or any other anæsthetic, the result would have been the same. I used the methylene ether for some time after without any bad results.

I then went back to what I had been in the habit of using previous to the methylene ether—viz., bichloride of methylene for short operations and chloroform for larger ones. Occasionally unpleasant symptoms occurred.

I next tried ether, with the result that I have made up my mind never to use it again if I can get anything else. To say nothing of its disagreeable smell, its action is most unsatisfactory, and unless given by an experienced administrator most uncertain; and, as far as the production of apparently dangerous symptoms goes, it equals, if it does not surpass, all other anæsthetics. I much doubt its safety, and, as far as I am concerned, it will have very little chance of asserting its superiority in this respect over other agents. For the last eight months I have used almost exclusively the mixture of chloroform, alcohol, and ether recommended by the Committee of the Royal Medico-Chirurgical Society. I am well satisfied with it—in fact, I like it better than any anæsthetic I have yet tried; but, as with the other agents, I have seen alarming symptoms occur more than once, and very probably I shall sooner or later meet with a patient who has the peculiar intolerance of anæsthetics, and he or she may die on the table. That that day may be far distant I sincerely trust. Deaths have occurred and may occur again from all the anæsthetics at present in use, in spite of all our care, and I think that their relative safety yet remains to be determined.

Yours faithfully,

CHARLES HIGGENS, F.R.C.S.E.,
Assistant Ophthalmic Surgeon, Guy's Hospital.

Brook-street, W., August 14th, 1875.

THE CASE OF GENERAL REECE, C.B.

To the Editor of THE LANCET.

SIR,—While fully concurring in the main facts as stated by Dr. Tuke in your journal of last week on the above subject, I should wish to correct a clerical error as to the date which he gives as that of General Reece's death. The General died on August 1st, not July 12th, as stated. Dr. Tuke does not mention, and perhaps does not know, that my attendance on General Reece was not through the instrumentality of his sons, as stated in your leading article of the 14th inst., as I was an utter stranger to them. Mr. Low called in Dr. Wilks, who suggested that I should be sent for, and accordingly Archdeacon Reece brought me at once to the house of my late patient. Mr. Low I then met for the first time, and he expressed a wish to me to take the General under my medical care, at the same time saying, "he would write to Dr. Sillifant a letter of explanation and send him a cheque for his attendance," as otherwise, I said, I could not take the patient under my charge. I must also remark that it was entirely through the General taking a bitter hatred to the nurses, notwithstanding their kindness and attentions to him were most unremitting, that they were discharged, and not from any wish on the part of the sons. In noticing the carpetless room of General Reece, Dr. Tuke was not probably aware that there had been some carpet down, but it was obliged to be destroyed, and was nailed down by numberless tacks, and was in almost as many pieces.

I am, Sir, your obedient servant,

FREDK. G. BROXHOLM.

Richmond-road, Barnsbury, N., August 24th, 1875.

THE PROPOSED MEETING OF THE BRITISH MEDICAL ASSOCIATION AT BRIGHTON IN 1876.

To the Editor of THE LANCET.

SIR,—The accompanying letter was sent last week to the *British Medical Journal*, but not inserted. Would you kindly give it publicity through your columns?

"With reference to the above object may I be allowed to ask, through the medium of your *Journal*, if the Council of the Association, and other parties concerned, are aware that the great majority of the medical men of the town are opposed, under present circumstances, to any such meeting? My impression is that if the opinion of the profession were now taken upon the question three-fourths would be found to give their votes against it. It is very true that a memorial was got up inviting the Association to hold their next meeting at Brighton, but it was not numerously signed; while there was also a counter-memorial containing the names of many of the leading medical men of the place. I have, moreover, strong grounds for stating that many of those who did sign the memorial in favour of the meeting, upon consideration, look upon the movement as ill-considered and hastily got up."

I am, Sir, your obedient servant,

WILLIAM KEBBELL, M.D.

Upper Brunswick-place, Brighton, Aug. 23rd, 1875.

MORTALITY AFTER PRIMARY AND SECONDARY OPERATIONS.

To the Editor of THE LANCET.

SIR,—Will you allow me to draw attention to a statement in Mr. Erichsen's "Science and Art of Surgery," on p. 35 of the fifth edition, which is as follows:—"In civil practice the mortality after primary amputations, as will be seen by the preceding table, somewhat exceeds that following secondary operations." Now, in the tables to which he refers, singularly enough, the mortality is decidedly *less* in primary than in secondary amputations. Thus, in the first table there are 475 cases of primary amputations, with 147 deaths, and 163 secondary amputations, with 84 deaths. These numbers give a mortality for primary amputations of 30 per cent., and for secondary amputations of 51 per cent. In the second table there are 48 primary amputations, with 18 deaths, and 43 secondary, with 19 deaths, or a mortality of 37 per cent. in primary and of 44 per cent. in secondary amputations. Both tables, therefore, pronounce in favour of *primary* amputations and not of *secondary*, as Mr. Erichsen asserts. Some explanation of this seems desirable, especially as he repeats his assertion on p. 128 of the same work.

I am, Sir, yours truly,

August 16th, 1875. R. R.

*** We doubt not that Mr. Erichsen will be glad to have his attention called to the mistake referred to. If our correspondent consult the last edition of Mr. Erichsen's work he will find the statement considerably modified.—ED. L.

"IMPERFECT MEDICAL QUALIFICATIONS."

To the Editor of THE LANCET.

SIR,—In reading, in this week's LANCET, your paragraph on "Imperfect Medical Qualifications," I could not help noticing the one-sided and imperfect statements made on the subject. The form of registration is most important and necessary, and that point may be dismissed. I wish to refer to the apparently defective "one qualification" system, and to inquire what is the real difference between a man with one qualification and another with two? I am unable to find any. You are at liberty to bring forward any man with two qualifications and it will be found that my *medical* and *surgical* training have been almost identical with, if not more ample than, his. If the training of a physician and surgeon are alike, as they must necessarily be, why require two diplomas? It is quite farcical to require such, and delusive to the public, who fancy that a physician must be a more learned man than an ordinary surgeon, who perhaps went through the *same* school, class for class, with the former as his companion. The remedy is to unite the Colleges of Physicians and Surgeons, and, as they have one curriculum, let them have one diploma for both, instead of being opposition shops.

I am, Sir, yours, &c.,

Manchester, Aug. 21st, 1875. L.F.P.S.

*** Our correspondent's question is one we have often given the answer to in our articles on the one-portal system. What is the real difference between a man with one qualification and another with two? We answer, practically none. Both have been educated alike, and, what is more, both have been examined alike. The man with a medical qualification has been examined in surgery, and *vice versâ*. But after all there is a real difference. It is this:—That the man with two qualifications has paid double fees, and given support to two corporations; while the man with one has given support to only one. About a hundred years after this we shall have one College of Medicine, or some tantamount institution, giving a complete diploma after a fair examination. Meantime corporations must be maintained, and candidates who would be fully qualified must pass two identical examinations. And men of the eminence of Sir Robert Christison will defend the system.—ED. L.

Obituary.

D. TOLER T. MAUNSELL, M.B., M.R.I.A., &c.

DANIEL TOLER THOMAS MAUNSELL died on the 18th of August, after a short illness, at his residence, South Richmond-street, Dublin, at the comparatively early age of forty. He was the eldest son of the late Rev. Thomas Maunsell, of Fintona, Co. Tyrone. He graduated with distinction at Trinity College, Dublin, where he obtained the degree of Bachelor of Medicine. He held the licence of the Royal College of Surgeons in Ireland, and had also a licence in Midwifery. Dr. Maunsell was a member of the Royal Irish Academy, and successively held the posts of Demonstrator of Anatomy in the Carmichael School of Medicine, of lecturer on Materia Medica in the Ledwich School, and lastly that on Botany in the same school. He was for several years one of the medical officers of the South City Dispensary (Dublin), and since the beginning of October, 1874, was sanitary officer for his division of the South City District.

Dr. Maunsell was deservedly popular from his kindly, genial disposition. For several years he wrote much and effectively on the importance of the Poor-law medical service. He drew attention to the powerful effect of timely medical aid in the reduction of pauperism, and showed that much of the latter owed its origin to sickness. With other members of the Irish, as well as with many of his brethren on this side of the Channel, Dr. Maunsell laboured to obtain a better recognition of the important services of the Poor-law medical officers in both countries. He always maintained the necessity of providing a certain retirement for the medical officers when disabled from further service by age or ill-health, in lieu of that now dependent on the will or caprice of boards of guardians.

Dr. Maunsell leaves a widow and six young children to lament his loss.

WILLIAM HEY, F.R.C.S. ENG.

MR. HEY belonged to a family celebrated in the history of surgery, his grandfather and his father having long practised in Leeds. He himself became M.R.C.S. Eng. as far back as 1818, and a Fellow in 1843, and was the oldest practitioner in the town, of which he was one of the celebrities. Like his grandfather and father, he was for a great number of years on the surgical staff of the Leeds Infirmary, which the first Hey was largely instrumental in founding. On his father dying, in 1844, he succeeded to the practice. He was associated with Mr. Samuel Smith, Mr. Joseph Prince Garlick, Mr. Wm. Price, and other well-known surgeons in the town, all now numbered with the dead, in founding the Leeds School of Medicine, and his was a familiar face in the lecture theatre. He was lecturer on surgery from the year 1831 to 1857, since which time he had been an honorary member of the Council. Amidst the cares of his profession, and although devoting much time to music and scientific pursuits, Mr. Hey in his early manhood took an interest in politics. On the passing of the Municipal Corporations Reform Act, he came forward as one of the Conservative candidates for the Mill-hill Ward, and was returned at the head of the poll. He was a Deputy Lieutenant and a Justice of the Peace for the West Riding of Yorkshire, and his name also appeared on the commission for Leeds, but he never qualified for the borough. He died on the 10th of May, aged seventy-eight.

Medical News.

UNIVERSITY OF LONDON.—The following is a list of the candidates who have passed the recent 1st M.B. examination in Honours:—

ANATOMY.

SECOND CLASS.

Miller, Richard Shalders, Bury, Judson Sykes, Benham, Frederick Lucas, } University College.

PHYSIOLOGY, HISTOLOGY, AND COMPARATIVE ANATOMY.

FIRST CLASS.

Henderson, George Courtenay (Exhibition and Gold Medal), University College.

SECOND CLASS.

Benham, Frederick Lucas, University College.
Wilkinson, Arthur Thos., B.A., B.Sc., Owens College.
Pye, Walter, St. Bartholomew's Hospital.
Stevenson, Leader Henry, Guy's Hospital.
Miller, Richard Shalders, University College.

THIRD CLASS.

Sedgefield, Arthur Robert Wyatt, King's College. } Equal.
Willcocks, Frederick, King's College.
Hudson, James, University College. } Equal.
Wiglesworth, Joseph, Liverpool School of Medicine.

ORGANIC CHEMISTRY, AND MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

FIRST CLASS.

Wilkinson, A. T. (Exhibition and Gold Medal), Owens College.
*Henderson, G. Courtenay (Gold Medal), University College.

SECOND CLASS.

Goodchild, Francis, St. George's Hospital.

THIRD CLASS.

Miller, Richard Shalders, University College.

* Obtained the number of marks qualifying for the Exhibition.

BRITISH MEDICAL SERVICE.—The following is a list of gentlemen who competed successfully for appointments in the above Service at the examination held at the University of London on Aug. 9th:—

	Marks.		Marks.
Hewett, F. C. C. ...	2367	Daubeny, C. A. ...	1775 }
Taaffe, R.	2132	Ievers, P. G.	1775 }
Le Grand, W. J. ...	2050	Burges, W. A. ...	1720 }
Briggs, W. H. ...	1855	Fleming, H. B. ...	1720 }
Fenn, E. H.	1825 }	James, W. M.... ...	1618
Kellett, L. H.... ...	1825 }	Hayes, P. A.	1540
Thompson, T. W....	1785	Kirkwood, K. D. L.	1450
Findlay, J.	1780		

INDIAN MEDICAL SERVICE.—The following is a list of candidates who were successful at the competitive examination held at Burlington House on Aug. 9th:—

1. Freyer, P. J.
2. Weir, P. A.
3. Haig, P. de H.
4. Lewtas, John.
5. Ferrand, Edward.
6. O'Neill, John.
7. Pedrona, F. H.
8. Clarkson, J. W. }
9. Day, C. H. }
10. Parker, —.

Thirty candidates competed for ten appointments. All were reported qualified.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on Aug. 19th:—

Bruce, Robert, Old-street, St. Luke's.
Chant, Thomas, Bridgewater.
Clark, William Theobald Blanton, Malmesbury, Wilts.
Joseph, Sidney Westbrook Jorwerth, St. Leonard's-on-Sea.
Willans, William Blundell, Singapore.

The following gentlemen passed the Primary Professional Examination on the same day:—

James, Thomas, Middlesex Hospital.
Morris, Clarke Kelly, St. Thomas's Hospital.

THE Library of the Royal College of Surgeons will be closed as usual during the month of September, for the necessary repairs and cleaning.

THE Local Government Board have awarded a vaccination gratuity to the representatives of the late Dr. Wilton Provis for his efficient performance of vaccination in the district of the Mere Union.

COOMBE LYING-IN HOSPITAL, DUBLIN.—The annual report of this hospital for last year shows that 411 labour and chronic cases were attended to in the hospital, 1224 labour cases at their own homes, and 19,252 cases of diseases of females and children were visited at their own homes and supplied with medicine, making a total of 20,887. The new building is progressing favourably, and the institution received during the past year a bequest of £250 from the late Mr. Findlater, and upwards of £500 from the Hospital Sunday Fund. The total income from private and public sources was £2273 16s. 1d., and the expenditure of the establishment £1138 17s. 10d. The total number of patients in hospital during the year was 17,210.

BEQUESTS, &C., TO MEDICAL CHARITIES.—Miss Susanna Garmston, of Grimley, has bequeathed £5000 to the Worcester Infirmary, and £1000 to the Worcester Dispensary. The Hereford General Infirmary has become entitled to £1000 under the will of the Rev. H. C. Morgan, of Goodrich. Mrs. Hitchman, of Fenton House, has given £700 (£400 as from her sister, the late Miss Baker, and £300 as from herself) to the North Staffordshire Infirmary, and £300 to the Longton Cottage Infirmary. The Brighton Hospital lately received a legacy of £500 and a large quantity of books. The Worcester Infirmary has received £500 under the will of Mrs. Jane Barton, of Weston-super-Mare. The Marchioness of Westminster has made a second donation of £200 in aid of the enlargement fund of the Royal Infirmary for Children and Women, Waterloo-bridge-road.

Medical Appointments.

BARHAM, H. F., M.R.C.S.E., has been appointed Assistant Visiting Surgeon for Maidstone, under the provisions of the Contagious Diseases Acts (Women), vice Broughton, resigned.

BAYLIFFE, A. M., M.R.C.S.E., has been reappointed Medical Officer of Health for the No. 4 Sub-district of the Axbridge Rural Sanitary District for two years.

BLACKALL, J. J., M.D., C.M., has been appointed Assistant to the Medical Superintendent of the Richmond District Lunatic Asylum, Dublin, vice Petit, appointed Resident Medical Superintendent of the Donegal Lunatic Asylum, Letterkenny.

BURNESS, A. G., M.B., C.M., has been appointed Physician to the North London Hospital for Consumption and Diseases of the Chest.

CADDY, H., M.R.C.S.E., has been appointed Senior House-Surgeon to the Royal Southern Hospital, Liverpool, vice W. Williams, M.D., M.R.C.P., resigned.

CARTER, F. H., M.R.C.S.E., has been appointed House-Surgeon to the Great Northern Hospital, vice Irving, resigned.

COLLINS, H. W., M.R.C.S.E., has been reappointed Medical Officer of Health for the No. 2 Sub-district of the Axbridge Rural Sanitary District for two years.

CORBET, D., M.R.C.S.E., has been reappointed Medical Officer of Health for the Kidderminster Urban Sanitary District for two years.

DORAN, A. H. G., F.R.C.S.E., has been elected Surgeon to the Westminster General Dispensary, vice W. Rose, F.R.C.S.E., resigned.

DOYLE, C. W., M.B., C.M., has been appointed Resident Medical Officer to the Norfolk and Norwich Dispensary, vice Bagnall, resigned.

FORD, J., M.R.C.S.E., has been reappointed Medical Officer of Health for the No. 3 Sub-district of the Axbridge Rural Sanitary District for two years.

FOWLER, G., M.R.C.P.Ed., has been appointed Physician to the North London Hospital for Diseases of the Chest.

GRIFFITHS, J. T., L.R.C.S.Ed., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Llandwrog District of the Carnarvon Union, vice Williams, resigned.

GWATKIN, O., M.R.C.S.E., has been appointed Junior House-Surgeon to the Royal Southern Hospital, Liverpool.

HULLAH, R., M.R.C.S.E., has been appointed Surgeon-Superintendent of the Eastern Province Asylum for the Insane, Graham's Town, Cape of Good Hope.

HUMPHREYS, J. H., M.D., M.R.C.S.E., has been appointed a Surgeon to the Hastings Dispensary, vice Allen, resigned.

JONES, A. E., M.B., C.M., has been appointed Resident Medical Officer to the Hulme Dispensary, Manchester, vice J. Walker, M.B., resigned.

MORRIS, D. W., L.K.Q.C.P.I., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Kentchurch District, and Medical Officer to the Workhouse of the Dore Union, Herefordshire, vice Lane, resigned.

O'HONLON, W. P., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Ipstones Court No. 809 of the Ancient Order of Foresters, vice Hamilton, resigned.

PALMER, A. M., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Whittington District of the Chesterfield Union, vice France, deceased.

POPHAM, S. L., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for No. 1 District and the Workhouse of the Daventry Union, vice Gibson, resigned.

PRICE, A., L.S.A.L., has been appointed House-Surgeon to the Westminster Hospital, vice Davies, whose appointment has expired.

RALFE, C. H., M.D., M.R.C.P.L., M.R.C.S.E., has been appointed Teacher of Physiological Chemistry at St. George's Hospital Medical School, vice Moore, deceased.

REID, D. A., M.D., M.R.C.S., has been appointed Consulting Surgeon to the Pembroke and Pembroke-dock Dispensary and Infirmary; also Admiralty Surgeon and Agent to the Tenby District, and Surgeon to the Trinity Board in the same district, vice Utterson, resigned.

ROGCH, J., M.B., C.M., has been appointed Professor of Physiology at the University of Durham College of Medicine, Newcastle-on-Tyne, vice Nicholson, appointed Professor of Botany and Natural History at the University of St. Andrews.

SHERBURN, J., M.B., C.M., has been appointed Resident Assistant-Surgeon to the Hull General Infirmary, vice Sinclair, resigned.

SMITH, J. O., L.R.C.P.Ed., L.M., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the St. Chad District of the Atcham Union, Salop, vice Willett, deceased.

WADE, C., M.R.C.S.E., has been reappointed Medical Officer of Health for the No. 1 Sub-district of the Axbridge Rural Sanitary District for two years.

WALSH, T. W., F.R.C.S.E., has been reappointed a Surgeon to the Worcester General Infirmary, upon the expiration of his second term of office under the rules.

WIMPENNY, J., M.R.C.S.E., has been reappointed Medical Officer of Health for the Upper-Thong Urban Sanitary District for two years.

Births, Marriages, and Deaths.

BIRTHS.

HARVEY.—On the 19th inst., at Upper Merrion-street, Dublin, the wife of R. J. Harvey, M.D., of a daughter.

MENZIES.—On the 13th inst., at Naples, the wife of J. A. Menzies, M.D., of a son.

NOAD.—On the 16th inst., at Wokingham, the wife of G. W. Noad, M.D., of a daughter.

PAGE.—On the 16th inst., at Kendal, the wife of David Page, M.D., of a son.

PULLAR.—On the 21st inst., at Kensington-park-gardens, the wife of Alfred Pullar, M.D., of a son.

WATSON.—On the 17th inst., at Penistone, the wife of Alfred M. Watson, M.D., of a son.

MARRIAGES.

HOOPS—ROBINSON.—On the 9th inst., at Trinity Church, Dublin, Samuel E. Hoops, L.K.Q.C.P.I., to Harriette, daughter of the late Thomas Robinson, Esq.

WILLS—WATKINS.—On the 17th inst., at the Parish Church, Brighton, Charles James Wills, M.D., to Alice Lucy Watkins, widow of D. E. Watkins, Esq.

DEATHS.

COCKS.—On the 19th inst., at Yew-bank, Broughty-ferry, Dundee, Robert Cocks, M.D., aged 64.

CUTLIFFE.—On the 22nd inst., at Lambeth-square, Chas. Newell Cutliffe, M.R.C.S.E., aged 70.

FINNEY.—On the 8th inst., at Ockbrook, Derbyshire, Charles White Finney, L.S.A.L., aged 61.

FLEMING.—On the 21st inst., at Buxton, Alex. Fleming, M.D., of Birmingham, aged 51.

JONES.—On the 18th inst. (suddenly), at Orford House, St. John's-road, Brixton, S.W., Sydney Felix Orford (infant son of J. T. Jones, L.K.Q.C.P.I., L.M., M.R.C.S.E., of Llanfyllin, Montgomeryshire, and St. John's-road, Brixton, London), aged 9 months.

NAISMITH.—On the 18th inst., at Hamilton, Wm. Naismith, M.D., aged 50.

PARKINSON.—On the 10th inst., at Wimborne-Minster, Dorsetshire, Chas. B. Parkinson, M.R.C.S.E., aged 63.

PILKINGTON.—On the 18th inst., at Chorley, Wm. Pilkington, L.R.C.P.Ed., aged 45.

WEBB.—On the 10th inst., at Kilburn, Thos. E. Webb, M.R.C.S.E., aged 72.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

PREJUDICE AGAINST MORTUARIES.

THE force of public opinion is strongly urging upon urban sanitary authorities the necessity of providing mortuaries for the use of the poor who occupy one or at most two rooms, more especially in cases of deaths from zymotic diseases in crowded neighbourhoods. It is, however, easier to furnish mortuaries than to get them used by those for whom they are principally intended. It is an unfortunate fact that an ignorant impatience on the part of the poor of any interference with the liberty of the subject is one of the most serious drawbacks to the more rapid improvement in the sanitary condition of urban districts. It is satisfactory to find from Dr. Whitmore's report on the Health of Marylebone in 1874, that the local prejudice against the use of the parish mortuary is subsiding. During the year 1874 the number of bodies received in this mortuary was 58, against 31 in the previous year. The majority of bodies admitted during the year were of persons aged upwards of sixty years. The sanitary value of mortuaries in cases of deaths in crowded tenements is too generally admitted to be worth dwelling upon, and it is only surprising that they are not more frequently used, if only on the ground of convenience. Dr. Whitmore says, "I have not unfrequently seen a coffin placed on chairs in the corner of a small room, in which the whole family, numbering five or six persons, were at dinner." The duty of educating the poor to overcome their prejudice against using mortuaries is as clear as is the duty of urban sanitary authorities to provide them.

Mr. H. E. Spencer is thanked for his communication. The matter shall be rectified.

A MEDICAL CORONER'S INQUEST.

To the Editor of THE LANCET.

SIR,—I would ask you in a spirit of fair play to give publicity to the following facts.

On Tuesday, August 3rd, I was called to see a woman, seven months pregnant, suffering from an intense and constant pain in the lower part of the abdomen. I could find nothing else the matter with her, and she was not weak. I told the husband not to be frightened, but I did not say his wife "would be all right directly." I went at once to my partner, Dr. Masters, and asked him to give me some opium pills, containing one grain in each pill. He gave me four, and I went immediately back to the house, and told the husband to give his wife three of the pills at intervals of three hours between each pill, and to come to the surgery at 7 P.M. to let me know how she was going on. The husband came accordingly, and said he thought his wife was worse. I then gave him a mixture containing some diffusible stimulants and anti-spasmodics. The husband came next morning at 7.50. I had been up nearly all night, and was then asleep. However, I was at his house before 9 A.M. I found the woman in a dying state. She was conscious, and still complained of pain. I gave her some brandy with ten minims of tincture of opium, and had hot bottles put to her feet. I also sent for Dr. Masters to come at once, and to bring some carbonate of ammonia. Just as he came the woman died.

The next day I met the village policeman. He told me he was about to go to Buxton to see the coroner (Dr. R. Bennett) about holding an inquest. I told him I had attended the case, and that I was willing to give a certificate of the woman's death. Notwithstanding this, an inquest was held on the following day. Before I proceeded to give my evidence at the inquest, I asked the coroner's leave to make a remark. He, however, told me to answer his questions, and nothing else. After I had just begun to give my evidence, he (the coroner) turned round sharply to me, and told me to keep my hands down, and to stand up properly; that this was a very serious matter for me, and that I was taking the affair a great deal too lightly. Whereupon I remarked that it was quite unintentional on my part if my posture offended him, and I also added that he had no right to say I was taking the affair too lightly, as I was very sorry indeed for what had occurred, but that I did not think it was my fault. I then asked him if I might have a chair, but he answered simply "No." After the jury had found their verdict, "Death from syncope," the coroner sent for me, and said I had narrowly escaped from being committed for manslaughter, as there were charges of great neglect against me. I then asked him what the charges were, and he said that—

1st. The husband had called three or four times for me on the morning the woman died before I would go to see her.

2ndly. That the first day when I saw the woman at noon I took at the time some pills out of my waistcoat pocket, and gave them to the husband to give his wife.

3rdly. That it was the opinion of the jury that, in the state the woman was in, I had no right to administer the medicine I did.

I then said to the coroner that as regards the first two charges I would call Dr. Masters to prove that they were both false; but he said he would not have Dr. Masters' evidence. As regards the latter charge, I said that a jury chosen from the working class were incapable of forming an opinion on a purely medical question.

If a coroner is justified in behaving to a medical man as Dr. R. Bennett has done to me, I will always have the fear of being committed for manslaughter when I attend to a serious case in this county.

Yours obediently,
W. CHATTERTON, A.B., M.B., C.M. Univ. Dub.

Hayfield, near Stockport, Aug. 1875.

*** We make no comment at present on the above statements, which, it must be remembered, are made by an interested party. It is only fair to say that they are supported in the main by a newspaper report of the proceedings which has reached us. It is most remarkable that no post-mortem examination was ordered by the coroner, who, nevertheless, reflected severely on the treatment of the patient by the medical man.—ED. L.

TREATMENT OF ECZEMA IN CHILDREN.

DR. CASPARI (*Deut. Klin.*, No. 4, 1875) states that he has never seen any good effects result from the use of mercury or iodine in chronic eczema in children. On the other hand, in cases of eczema capitis, eczema faciei, and impetigo faciei in children, he has seen the most extraordinary effects, even in obstinate and old-standing cases, follow the simple administration of lime-water, given internally in doses of from five to ten ounces, according to the patient's age, and without any external treatment. It is only in cases where there exists abundant irritating secretion that he advocates sprinkling with carbonate of magnesia.

Ipswich.—Sir Henry Thompson's pamphlet on Cremation, published by King and Co., Cornhill, will give the information required.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—As a man of nine years' service, and having during that period served with both European and native infantry and cavalry, allow me to add a few remarks to the numerous letters which have appeared in your journal of late concerning the army medical service.

I have been waiting to see if anyone would call attention to the question, "purchase having been abolished in the combatant ranks," whether it would not have some influence in stopping a large source of supply of officers to our own ranks. Many men whose fathers are able to give them a few hundred pounds, perhaps sufficient to purchase a commission and pay for their outfits as ensigns, but who could not give them any further pecuniary assistance towards purchasing their steps &c.,—I have known many such men enter the medical ranks, their little fortune having gone in the expenses of their medical studies. Now it is very different. A boy only has to leave school, go to a crammer, and pass to get a commission, and enter the service as a sub-lieutenant about the age that he would be commencing his medical studies if he had taken that line; his small fortune still in hand as a nest-egg for exchanges &c. Now, Sir, at the present day would any young fellow of sense sink his money in a four years' course of study to enter the service as a surgeon, a sort of alien, belonging to no one, allowed to have his dinner on sufferance in the mess of the regiment with which he has the great honour of doing duty. After some twenty years' service, if in so-called medical charge of a regiment, he will be allowed as a great favour to pay heavy subscriptions and donations to band, mess, and other institutions during the five years he is attached to the regiment; but as for having any voice in the management of these things (except doing the butler's duty), why, in reality, he has less influence than the youngest boy sub-lieutenant. By-the-bye, I forgot to mention another privilege, that of wearing the Cardwell button and the facings of the regiment.

With regard to my Indian brethren, though, first, let me state that I myself have been very lucky, and got into a good regiment early in my service, therefore I am quite contented with my own lot; but I have seen so many men come out here, and get thoroughly disappointed and disgusted at once, and no wonder. They are led to expect that they will draw 450 r. per mensem directly they get charge of a regiment; whereas they can only draw 286 r., plus half the staff of the man for whom they officiate, which generally amounts to about 100 r., making a total of about 386 r. instead of 450 r. It is a very rare occurrence for a man to get a permanent appointment for some years, because appointments only become vacant by retirements or men getting higher appointments. At present the majority of men coming out here can only look forward to the officiating charge of some native infantry regiment, in which they can take no interest whatever either professionally or socially; for in most native infantry regiments, all, or nearly all, the officers are married, and their only object appears to be to pinch and screw to save rupees to enable them to get home. As for *esprit de corps*, there is no such thing in native infantry. Therefore if the "new doctor" happens to be a bachelor, the chances are that he will find himself the only dining member of a wretched mess. Then, again, extra appointments, such as charge of lock hospitals, divisional and brigade staff, &c., formerly always held by the Indian men, now are fast being given to the Queen's men, thereby losing to the Indian service in every station some 100 r. to 250 r. per mensem. I merely mention this fact to dissipate any idea any young fellow may have formed of coming into the service with the notion that he may get any of these little extra helps to his income. Not that we grudge the "Queen's men"; for, poor fellows, under the present undecided régime, their life must be more than a burden to them.

I noticed a letter in THE LANCET some time ago. It spoke of medical officers' position and rank. Every man can make his own position individually, and may be the most popular officer in the regiment; but his department has no standing whatever, and is snubbed by every Jack in office, and much tact is required to keep out of quarrels in its behalf.

A surgeon is always expected (and quite right too) to address a field officer as major or colonel, as the case may be; but you never hear even the youngest joined cornet or sub-lieutenant address surgeon-majors, and sometimes even deputy surgeon-generals, as anything but plain "Smith," "Brown," &c. So much for rank. You really have none.

If a young fellow were to ask my advice as to whether he should come into the service as it now is, I should give him *Punch's* advice, "Don't."

I remain, Sir, yours truly,
LANCER.

Lahore, India, July, 1875.

THE FAMILY OF THE LATE MR. R. THOMAS.

Mr. F. Wilkins (Burton-on-Trent) requests us to acknowledge the sum of 10s. from "A Friend" towards this Fund.

Subscriber.—1. There is no hard and fast line. Our correspondent should be guided by circumstances; but, as a general rule, we should be disposed to reply in the affirmative. The contrary course would have an ungracious appearance.—2. Through the Colonial Office.

MACKINTOSH'S SWIMMING COLLARS.

To the Editor of THE LANCET.

SIR,—Drowning accidents during bathing would be greatly diminished by the use of Mackintosh's swimming collars by ladies and children. These collars are approved by the Royal Humane Society, are not disagreeable to wear, and are effectual. Their cost is 3*s.* 6*d.*

Yours truly,
FREDK. J. BROWN, M.D.

Rochester, August 21st, 1875.

QUACK CIRCULARS.

A Father of a Family sends us a filthy circular by a quack, who styles himself "Dr. W. R. Godfrey, formerly of the Spermatorrhœa Hospital, New York," and pertinently asks whether the law cannot put a stop to the wholesale dissemination of such pernicious rubbish. As THE LANCET is read by a large number of lay readers, we would put such persons on their guard against this and other advertising charlatans. We would gladly see an enactment passed which would give the metropolitan magistrates power to deal summarily and mercilessly with these pests of modern society. Undoubtedly a large amount of mischief is caused by the wholesale publication of these circulars. The young and unwary are entrapped by the specious promises of cure held out into placing themselves under the care of ignorant men, whose only object is greed, and who fatten on their victims as long as they have money to pay for nostrums, which not unfrequently injure health to a serious degree. It is not unreasonable to ask that our large towns should be purged of this evil. The New World has given us an example of one way of dealing with these gentry. At San Francisco a black list is published weekly, containing the name and address of every person who practises medicine without a qualification, and the plan has been successful in stamping out quackery in its various complexions. It is rather humiliating to think that an evil interdicted in California should be allowed to flourish without let or hindrance in London.

CASE OF PLACENTA PRÆVIA.

To the Editor of THE LANCET.

SIR,—Cases of placenta prævia are not so common in country practice but what it appears to me advisable to chronicle in your pages any case that may occur, with its treatment and result.

On July 31st I was desired late in the evening to visit the wife of a labourer (under the charge of a midwife), who was stated to be suffering from sharp uterine hæmorrhage. I went, found a woman about forty years of age, pregnant with her fourth child, wanting seven weeks of her full time, who was the subject of bleeding, which had occurred for the first time that day. She was in no pain, but the discharge came at frequent intervals. Upon examination, there was no dilatation of the os uteri, and I was unable to determine whether it was a case of accidental or unavoidable hæmorrhage which I had to deal with. So I prescribed rest in the recumbent position, cold, unstimulating food, and a mixture of ergot and opium. On the next day (Sunday) the amount of bleeding had not lessened, and then a mixture of alum, dilute sulphuric acid, and tincture of opium was ordered. These mitigated the symptoms; but early in the morning of Tuesday, the 4th, I received a message, saying the bleeding was considerably increased, and the worst results were feared. I arrived at the house at about 8.30 A.M., and noticed that there were slight pains going on. Upon instituting an examination I found the vagina so blocked up with clots that their removal was necessary before an accurate state of affairs could be determined on. The patient was gently lifted on to the floor (in order that the bed might not be made wet), and the clots carefully washed away by the aid of a Higginson's syringe. The os was found to be dilated to about the circumference of a shilling, and nothing but placenta could be felt. The vagina was then plugged with a pocket-handkerchief, and soon after the pains became much more severe, and the bleeding proportionately increased at time of pain, escaping from the vagina pretty freely by the sides of the plug. In about three-quarters of an hour I removed the plug, and found the os dilated to an extent somewhat larger than a crown-piece. I then ran my index-finger round the inside of the uterus to separate the placenta as far as I could, and gave a dose of ergot. This operation diminished the bleeding. The pains increasing in violence, and the dilatation of the os continuing, I was shortly after able to feel the bag of waters round the edge of the placenta. I then guided the stilette of a male catheter up to and ruptured them. This proceeding entirely stopped the bleeding. Soon afterwards I felt a foot; as the legs descended they seemed surrounded by placenta, and, having drawn them down, soon was able to complete delivery, the after-birth coming away the same instant the child was born.

The woman made a good recovery, and felt neither faint nor exhausted during her anxious time.

Yours &c.,

The Elms, Newbury, August, 1875. F. E. BYOTT, M.D., F.R.C.S.

Radius.—1. No, not necessarily.—2. We must refer our correspondent to Dr. Williams, of the Privy Council Office, or any skilled veterinary surgeon.

THE DEATH UNDER CHLOROFORM AT QUAKEY BANK.

THE letter of *Mr. James Bradley* shall be published in our next issue.

AN ILLEGAL PRACTITIONER.

To the Editor of THE LANCET.

SIR,—In reference to the report of the above case in the daily papers on Saturday last, I think it is only right on my part to correct the wrong impression the report conveys to the general public and medical world.

Mr. Bridge, in passing sentence, stated that I came to Kensington, put up a brass-plate, and acted as a doctor. The facts of the case are as follows: I put my name up for the benefit of the different people residing in my house from time to time, and had no reference whatever to any medical practice. After being assistant to Dr. Leslie for more than a year at Westminster, I came to Kensington. He, still retaining me as his assistant, starts a provident dispensary at my house, which I managed, he and another medical man attending so many days a week. This is carried on till the end of last year, and did not cease a year ago, as stated in evidence. They then take their names down, and leave me for private reasons. I at once have the rules painted off the surgery door, and close the dispensary; but, being left with a number of patients on my hands, find it difficult to terminate our arrangement suddenly. Having had a private arrangement with Dr. Leslie, I considered I could continue to use his name, as I had been in the habit of doing, until I got qualified, or found some one else to take his place.

I also wish to state that the evening before my case was heard I was requested by Dr. Leslie to take charge of his practice at Westminster.

Hoping you will insert this explanation, as it is the only means I have of justifying myself,

I am, Sir, yours obediently,

Allen-terrace, Kensington, Aug. 22nd, 1875. W. CAMLEY SMITH.

REGISTRATION OF DEATHS.

Potestas.—We should be glad to learn the true answer to our correspondent's question. Could not he ascertain it by inquiry? Registrars are much too easy in taking certificates from unqualified practitioners; but we are not prepared to charge them with registering deaths without something purporting to be a medical certificate or authority from a coroner.

ORIGIN OF THE PRESENT OUTBREAK OF CHOLERA IN SYRIA, AND ITS HISTORY UP TO THE PRESENT.

To the Editor of THE LANCET.

SIR,—The present epidemic of cholera originated in a manner so different from the previous outbreaks that an account of its origin will always be a part of the natural history of the disease.

Near the close of the past year, or the beginning of the present, a detachment of 400 or 500 Albanian recruits was brought into camp at Hamath. As Turkish recruits are apt to be, they were in a bad sanitary condition at the time of their arrival; but nothing of note occurred in their hospital until the 22nd of March, when a case of cholera appeared. It was rapidly followed by fifteen others among the soldiers, and, of the sixteen attacked, fifteen died. The disease then spread to the town, and prevailed with an average degree of severity, and still continues, after nearly four and a half months, with little abatement.

Hamath is a city of 30,000 to 40,000 inhabitants, mostly Moslems. It is situated on both banks of the Orontes, the most considerable river of Syria. The city is built on the meadows by the river's bank, and is at all times unhealthy during the hot season. The principal diseases at that time are diarrhœa, dysentery, cholera morbus, and various fevers, continued and intermittent. The streets, as in all Oriental towns, are the receptacles of garbage, and reek with the foul odours of the surface drains and heaps of filth. The damp exhalations of the soil and the mist arising from the river furnish the most suitable aid for the development of the diseases which are generated or aggravated by the above-mentioned causes, forcibly calling to mind the original focus of the cholera in the tropical regions of India. If to these circumstances be added the extreme abundance and cheapness of fruit and green vegetables, and the fact that many of the people live almost wholly upon them during the summer months, and prefer them in an unripe state, or from poverty not unfrequently consume them in such a state of decomposition as to be unfit for food, the mind will be prepared to recognise the possibility of the generation of a disease, which has not yet been proved to be the result of a materies morbi incapable of fresh production under the operation of suitable causes.

During the month of April, Dr. Pestallozza, the physician of the quarantine department in Beirût, visited Hamath, and pronounced the disease to be genuine Asiatic cholera. At the time of its appearance there was no epidemic prevailing in either Europe, Western Asia, nor Africa. No traces of communication with India could be detected. There had been no cholera for a year at Mecca or Jeddah or in Egypt, nor has there since appeared a trace of the disease in these quarters. Persia is quite free from all taint, and there has been no outbreak in the northern provinces of the Turkish Empire. Under these circumstances, and unless further investigation shall show a distinct foreign origin, the disease in Hamath must be regarded as endemic at the outset.

Soon after the spread of the pestilence in Hamath, a detachment of troops from the garrison was sent to Damascus. The officers of this detachment deny the occurrence of any cases of cholera on the road or before leaving the barracks. There is reason, however, to believe that this testimony is false. Subsequent investigations, notwithstanding the efforts made to conceal the truth, made it probable that a number of soldiers died on the route. Cholera appeared in the intervening villages soon after, and about the middle of June the rumour of fatal cases in Damascus spread dismay through Syria, and the speedy confirmation of this lamentable news, by daily reports of the severity and prevalence of the epidemic, caused the people of the cities to flock to Lebanon and Anti-Lebanon, which have always heretofore proved a safe asylum from its ravages. Almost the whole Christian and Jewish population of Damascus and Beirût fled, and the overcrowded villages and hamlets, notwithstanding the fevers and dysenteries and other maladies engendered by the massing of so many people, ill-equipped for their sudden journey and long summer residence, still afforded a safe retreat. A few unfortunates, who had contracted the disease before leaving the infected region, died on the way or in the mountain villages; but in no case thus far has the disease spread above the level of the sea-coast or the interior plateaux of Coele Syria and Damascus. The air of the mountains seems in some way to counteract the influence of the poison, and it may be hoped that, as heretofore, the many thousands of refugees will find their refuge secure until the disease has disappeared from the places where it is now prevailing.

On the night of July 5th a woman from Damascus arrived by diligence in Beirût, and after two days died of cholera. No further cases appeared for a week, although a sudden impulse of violence seemed to be given to the usual summer complaints, and the remaining Christians and many Moslems hastened their exodus to the villages of Lebanon. From the 20th July cases more closely resembling the Asiatic cholera have multiplied until about the 28th, when they became more numerous and pronounced, and at the present date (August 3rd) the epidemic may be said to be fairly inaugurated. It is also prevailing in Antioch, Aleppo, Sughbeen (a village of Coele Syria), Hasbeiya, Tiberias, Safed, and many smaller towns and villages. It is to be feared that before this reaches you it will have escaped the boundaries of this province, and then no one can predict its future course.

No quarantine has been attempted between Damascus and Beirût, and the farcical operation of fumigating the daily diligence and its passengers has been the only attempt to ward off the advent of the disease. The mountaineers have gone to Damascus, and in some cases contracted the disease there, and perished after their return to their homes. There is no quarantine between the infected cities and the mountains, and it is said that none will be established.

As regards treatment, too little time has been given in Beirût for the trial of the various plans. The chloral injection (hypodermic) will be fairly tested.

In a future communication I hope to give you more details on the subject of the origin of the epidemic, and the statistics of its ravages in the various places where it prevails.

Respectfully yours,

GEORGE E. VOST,

Beirût, August 3rd, 1875. Surgeon to St. John's Hospital, Beirût.

ZIEMSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.

MANY of the subscribers to this work are aware that the volumes of the German edition are not being issued in regular succession—some of those treating upon subjects of greatest interest having the precedence, although numbered to conform to the plan of the entire work. It has been concluded to follow the same course with this translation; and in compliance with the expressed wish of many subscribers, volume x., Schroeder's "Diseases of the Female Sexual Organs," is now published with copious illustrations. Volume iv. will follow on December 1st, and volume v. on March 1st, 1876. The publishers, Messrs. Sampson Low & Co., announce that rumours of an intended change in the plan of publication are entirely without foundation. This work will be obtainable only by subscription for the entire set of volumes. No single volume or series of volumes will in any case be sold. The Cyclopædia is now being published in the English, German, Dutch, Italian, and Russian languages.

Dr. H. D'O. Foote.—Very soon.

CASH ON THE LATE MR. P. C. MERRYWEATHER.

To the Editor of THE LANCET.

SIR,—In forwarding to you a list of the donations we have received since you last published the contributions to this Fund, we feel it will be a subject of much satisfaction to those who have kindly aided in this matter to know that the amount raised has done great and permanent good. Besides supplying immediate wants, it has enabled Mrs. Merryweather to take a good house, where she is already prospering, and maintaining and providing for the education of her children. She is very grateful indeed to all who have so kindly extended the helping hand in the time of her great need.

The appeals in the medical journals have brought assistance even from distant Kurrachee.

We are, Sir, yours faithfully and obliged,

CHARLES J. HARE, M.D. Cantab., F.R.C.P.
W. A. ATWOOD, L.K.Q.C.P.

57, Brook-street, Grosvenor-square, Aug. 21st, 1875.

Donations already acknowledged	£148	16	0
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Mr. Nodes, Norfolk-terrace, W.	1	1	0
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Per Joseph Seaton, M.D., Sunbury, S.W.:			
W. C. Begley, M.D., F.R.C.P., Hanwell	1	1	0
D. W. Langton, Esq., Alston Lodge, Maidstone ...	1	1	0
R. Dunn, F.R.C.S., Norfolk-street, Strand, W.C. ...	1	1	0
Arthur F. Lobb, Esq., 24, Inverness-terrace, W. ...	2	2	0
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T. Langston, Esq., Broadway, Westminster, S.W....	0	10	0
J. J. Martin, Esq., Cosham, Hants...	1	1	0
	£240	7	6

UNCONGENIAL CALLINGS.

THE *Echo* a few days ago published a well-written article, entitled "How to Succeed." The reason why men fail in life, says our contemporary, is that they choose for themselves work for which they are not fit.

"The 'learned' professions are crowded with 'failures,' who would have been brilliant successes in other walks of life. Men who are no use at all at *wisi prius* would have been second Nelsons on the quarter-deck; surgeons to whom no patient will entrust his limbs might have earned martial reputations for themselves out of hostile armies; and many a clergyman who can neither keep his congregation awake nor his children decently clad, might have been a "warm" man if he had taken to business instead of theology. The misfortune is, however, that half the world flatters itself that it is, and prides itself upon being, something that, as a matter of fact, it is not."

HYPODERMIC INJECTIONS OF MORPHIA IN ACUTE GONORRHŒA.

DR. PIETRO GAMBERINI publishes, in a late number of *Ospra. Ital. delle Malat. Ven. et della Pelle*, the report of two cases in which subcutaneous injections of chlorhydrate of morphia (one grain to half a drachm of water for two injections) were highly useful in soothing the urgent symptoms of gonorrhœa—painful erections and micturition, intense burning pain in the urethra, &c.—when belladonna, hyoscyamus, chloral, and other remedies had all failed. The injections were made into the perinæum, and near the sides of the urethra.

UNIVERSITY COLLEGE, LONDON.

A DISCREPANCY appeared in our columns last week regarding the introductory lecture to be delivered in the Faculty of Medicine, University College, this year. An advertisement erroneously states (although it was supplied to us officially) that it will be delivered on the 1st October by Dr. F. Roberts. On page 280, however, it is correctly given. The address will be delivered by Professor Corfield on the 4th October.

Mr. H. Wild.—1. Watson on Medicine.—2. The little manual mentioned is a reliable one as far as it goes.

FRACTURES OF THE THIGH.

To the Editor of THE LANCET.

SIR,—I have read with much interest your report of the address of Prof. Spence, delivered at the late meeting of the British Medical Association in Edinburgh, and I beg that you will afford me a small space in your valuable journal for the following description of an apparatus I have lately had constructed for the purpose of overcoming, if not all, at least most of the difficulties connected with the treatment, as recommended by Prof. Spence and others, for fractures of the thigh.

My apparatus consists of an ordinary wooden long splint, provided with a movable foot-piece running in a guide, and worked by a screw. To the lower surface of this foot-piece is attached a V-shaped piece of brass, which receives the loop of adhesive plaster as used in most cases treated by weight and pulley. In the centre of the lower half of this brass piece, the extremity of a screw, twelve inches in length, revolves after passing through a female screw fastened to the lower extremity of the splint. By means of this screw the distance between the foot-piece and the upper extremity of the splint may be increased or diminished, the foot-piece being at the same time kept perpendicular. On the outer surface, and a short distance from the upper extremity of the splint, two buckles are fixed, which receive two leather straps, one passing in front, the other behind the patient's body, and connected with a broad and well-padded band fastened with buckles round the middle or upper part of the sound thigh. By these latter counter-extension is maintained.

The method of application is as easy as the apparatus is simple. Take a strip of adhesive plaster, two inches in breadth, and of sufficient length to extend along the inner and outer surfaces of the injured limb, as high as the seat of fracture, leaving a loop of from four to six inches in length beyond the sole of the foot. Having fastened this in position, lay the splint (well padded) along the outer surface of the limb in the ordinary way, and pass the loop over the foot-piece. Make a few turns with a broad flannel bandage round the upper portion of the splint and the abdomen; next fasten the broad band round the sound thigh, and carry the straps to the splint buckles, where they are to be fixed pretty tightly; then, having made sufficient extension by means of the screw, the operation is completed by making a few turns with an ordinary roller round the leg and splint just below the knee.

The advantages which I claim for the appliance are—1st. It will be found most efficient in extending the limb to and maintaining it at the proper length. 2nd. The patient's comfort will be greater with this than with any other appliance at present known. 3rd. The cost is not great, and it is very easily applied.

There is another matter of great importance in cases of fracture of the thigh. The beds now in use necessitate in a greater or less degree the moving of the patient, and until recently no method of overcoming this evil was known. Lately a bed has been introduced into the London Hospital, with a simple appliance for using the bed-pan, which is very efficient, comfortable for the patient, cleanly, gives the nurses less trouble than any other, and requires absolutely no moving of the patient.

I am, Sir, yours respectfully,

R. H. A. HUNTER, M.R.C.S.

Malvern-road, Dalston, Aug. 16th, 1875.

DOCTORS AND DRUGGISTS.

To the Editor of THE LANCET.

SIR,—Attention has been recently directed in the columns of your journal, and elsewhere, to the subject of chemists employing legally qualified men to visit and prescribe on their behalf—a practice which I regret to say extensively prevails at this end of the town; and as an instance of the manner in which it works, it may not be uninteresting or unedifying to relate an experience of my own with one of these anomalous practitioners. The facts are as follows.

I was called to attend a gentleman, an old patient, who had been seized with apoplexy. On my arrival I found the gentleman in question, Mr. O'Donovan, who had also been sent for in the hurry and alarm occasioned by the occurrence. After a few remarks he left me, as he said, in charge of the case. Shortly after I quitted the house to get some remedies from my surgery, being absent about ten minutes. On my return I found that Mr. O'Donovan had sent a mixture, leeches, blister, enema with syringe, &c., also voluminous written directions to the wife and nurses, and, worst of all, a note, cunningly devised, to supplant me in my attendance on the case, to be forwarded to my house if approved by the wife of the patient. On ascertaining that her wishes were directly opposed to the spirit of the note, she only accepting the remedies believing that I had forwarded them, I addressed a remonstrance to him for such unprofessional conduct and ungentlemanly treatment. Neither explanation nor apology was tendered. On the contrary, I was treated by the chemist who employed Mr. O'Donovan—viz., Mr. Garman, of 278, Roman-road, Old Ford,—to an eulogium of his merits and high professional attainments, and was also grossly insulted for daring to call his conduct in question.

My object in bringing this matter before you is not one of professional pique, but simply to point out a result clearly attributable to the baneful practice of which this is a product. It appears to me that it would never have occurred between gentlemen settled in the same neighbourhood, and each enjoying a professional reputation; while it is extremely likely to occur when strangers are introduced and employed as the factotums of an ordinary chemist.

I have the whole correspondence in my possession, and should be happy to place it in your hands for whatever use you may think fit to make of it.

I am, Sir, your obedient servant,

Tredegar-road, Bow, Aug. 18th, 1875. ROBT. HUGG, L.A.H. Lond.

THE "UNION" PAMPHLET.

To the Editor of THE LANCET.

SIR,—I have to thank you for your notice of the above pamphlet. With reference to the distinctive titles for each rank of medical officer, I desire to say that the utmost confusion is caused by the present indefinite system. The title "surgeon" may be either a boy fresh from Netley, or a man of fifteen years' service. Twice, on two separate troopship voyages, I and with me all the medical officers were wrongly cabined, because it is impossible to tell by the Army List the standing of the surgeons ranking with captains. In the same way the title "surgeon-major" may mean two separate grades, each of different rank. Now, in civil practice it is of little importance what I am called, because I live amongst the same people for years—they know my standing and position; but in the service it is not so. Constant movings, and every year meeting new people, it is necessary to know a man's exact position, and this cannot be done with our irregular titles at present. I suggested the military titles, because they are definite, and cannot be mistaken; but it is quite unimportant what the titles are, provided they are distinct and definite, which they now are not. Nothing is so unpleasant as to have to explain to a Q.M.G. or other officer your exact standing, when by reference to an Army List all should be clear. The naval people, by abolishing the subaltern grade of surgeon, and establishing the "fleet surgeon" grade, have made their ranks quite definite. We need the same done for us. As we demand equality with the naval doctors in rank, Mr. Gathorne Hardy will, of course, abolish the subaltern grade for us in the army, and that will make things clearer as regards rank; but a new title is needed for surgeon-majors over twenty years' service.

I am, Sir, yours &c.,

India, July, 1875. THE WRITER OF THE "UNION" PAMPHLET.

WOOD *versus* MANCHESTER, SHEFFIELD AND LINCOLNSHIRE RAILWAY COMPANY.

Dr. Ducre Fox's letter arrived too late for insertion this week.

COMMUNICATIONS not noticed in the current number will receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. H. Thompson, London; Dr. G. H. Savage, London; Dr. F. Brown, Rochester; Mr. Jones, Buxton; Mr. Lawson Tait, Birmingham; Mr. W. Coulson, London; Mr. Caddy, Liverpool; Dr. G. Fowler, London; Dr. Vandyke Carter, Bombay; Mr. Haynes Stanstead, Montfichet; Mr. Wilkins, Burton-on-Trent; Dr. Kebbell, Brighton; Dr. Power, London; Mr. Shorland, Westbury; Mr. Sergeant, London; Mr. Wild, Pudsey; Mr. Provis, Bourton; Mr. Foss, Manchester; Dr. Tattersall, Clayton; Dr. Broxholm, Barnsbury; Mr. Hatchard, St. Leonard's-on-Sea; Dr. Griffiths, Dublin; Mr. Moore, Dublin; Dr. Bramwell, Newcastle; Dr. Sim, Nottingham; Messrs. Southall and Co., Birmingham; Mr. Scott, Southampton; Mr. Smith, Kensington; Mr. Jessop, Leeds; Mr. Bradley, Manchester; Dr. Faber, London; Mr. Shattock, London; Mr. Grant, Methlick; Mr. Patsey, Derby; Mr. Rugg, Bow; Mr. Skene, Castle Douglas; Mr. Butler, Wednesbury; Mr. Borchert, Netley; Mr. Leeson, Wharfedale; Mr. Hullah, Graham's Town; Mr. Littlejohn, Dundee; Mr. Chitty, Shaftesbury; Messrs. Sampson Low and Co., London; Mr. Forbes, Glasgow; Messrs. Gillon and Co., Leith; Dr. Hemrys, Manchester; Mr. Price, London; Mr. Revis, Olney; Mr. Condy, Battersea; Mr. Vost, Beirût; Mr. Burgess and Willows, London; Mr. Nellasmith; Dr. Foote, Rotherham; Dr. Guppy, Falmouth; Dr. Carles, Devizes; Mr. Bradley, Pensnett; Mr. Duke, Colchester; Mr. Wall, Bickerstaff; Mr. Thomas, Shirehampton; Mr. Jones, Llandilo; Messrs. Oliver and Boyd, Edinburgh; Mr. Harrison, Hadfield; Mr. Sheppard, Dudley; Mr. Appleby, Newark; Mr. Bell, Edinburgh; The Director-General of the Army Medical Department; A. B., Birmingham; E. K.; Senex; J. V. R. C.; Radius; The Military Secretary, India Office; A Father of a Family; Subscriber; The Director-General of the Medical Department of the Navy; Boreæ; One of the Executive Committee; R. M., West Hartlepool; W., Warrington; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from — Mr. Coward, Huddersfield; Messrs. Harvey and Reynolds, Leeds; Messrs. Grace, Bristol; Messrs. Lee and Nightingale, Liverpool; Dr. Reid, Pembroke; Messrs. Orridge and Co., London; Mr. Fox, Topsham; Mr. Swinson, Leamington; Messrs. Leader and Sons, Sheffield; Dr. Braden, Staplehurst; Mr. Arminson, Preston; Mr. Smith, Glassloogh; Mr. Richardson, Oundle; Messrs. Levy and Co., Dundee; Dr. Brett, Watford; Mr. Drew, London; Mr. Wright, Liverpool; Dr. Corns, Oldham; Mrs. Maskelyne, Kensington; Mr. Thain, Devonport; Mr. Hale, Barrow Hill; Mr. Denton, Bridlington; Mr. Richardson, Lockerbie; Mr. Rutherford, New Wortley; Mr. Mead, Waltham Abbey; Messrs. Horsfall and Whiteley, Wakefield; Mr. Nicholls, Bayham; Mrs. Chapman, Wandsworth; Mr. Pelton, Tunbridge Wells; Mr. Royds, Reading; Dr. Collins, Hounslow; Mr. Nelson, London; Medicus, Morley; M. S., New Church; Surgeon; W. W. H., Dartford; Psychological, Daventry; L. M. B., Stalybridge; M.R.C.S.L.; X. Y. Z., Bradford; W. H. L., Whitstable; M. M., Neath; B., Sheffield; Medicus, Southport; A. Z., Sandy; V. M., Milford Haven; G. W., Girvan; M.D., York; M. B., Newcastle; W. W. H., Dartford; C. H. H., London; M. B., Hamstreet; A. B., Manchester; Medicus, Mitcham; J. D. P., Manchester; E. Q.; X., Cheapside; Theta, Washington; M.R.C.S., Leominster; Alpha, Chester-le-Street.

Newcastle Chronicle, Birmingham Morning News, Local Government Chronicle, Welshman, European Review, Western Morning News, Manchester Guardian, Isle of Man Times, Liverpool Post, Cork Constitution, Surrey Advertiser, Metropolitan, Figaro, Huddersfield Chronicle, East London Observer, Scotsman, Record, and *Macclesfield Guardian* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, AUG. 20TH, 1875.

Date	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks at 9 A.M.
Aug. 20	30·20	N.W.	58	60	104	78	58	0·50	Foggy
„ 21	30·27	W.	59	63	103	76	58	...	Overcast
„ 22	30·25	W.	58	64	105	77	58	...	Overcast
„ 23	30·13	W.	56	59	107	76	55	...	Overcast
„ 24	29·92	W.	56	62	99	76	55	...	Fine
„ 25	29·89	W.	60	64	99	73	57	...	Fine
„ 26	30·01	W.	62	65	...	...	62	...	Overcast

Medical Diary for the ensuing Week.

Monday, Aug. 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Aug. 31.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, Sept. 1.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, Sept. 2.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, Sept. 3.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Sept. 4.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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